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THE

ILLINOIS

18878

# MEDICAL AND SURGICAL

JOURNAL.

EDITED BY

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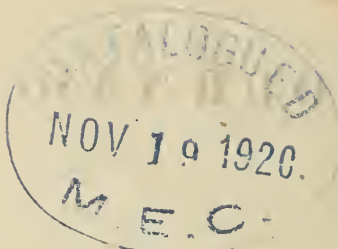
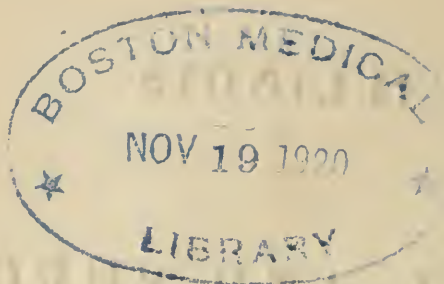
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# ILLINOIS MEDICAL & SURGICAL JOURNAL.

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VOL. I.

APRIL, 1844.

NO. 1.

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## INTRODUCTORY.

It is with pleasure, if not with pride, that we announce to the medical public, the first number of the first Medical Journal that has been issued in the State of Illinois. Such an announcement may perhaps, by some, be thought premature. So indeed did it appear to us, when our attention was first called to the subject. More mature reflection, however, convinced us that such an opinion was erroneous; and that it is so, must appear to all, who will consider the condition of the Medical Profession in the West—their distance from the sources of improvement, and from each other, and the necessity of disabusing public opinion of the impositions of empirics, for the spread of whose doctrines new countries afford peculiar facilities.

The rapid strides which the profession is making in the improved means of diagnosis and the application of new remedies; in more easy modes of remedying deformity, and the increasing simplicity of surgical operations, not to mention other branches; require that means should be devised of more widely circulating medical information. It may be said that the periodicals already in circulation are adequate to the purpose. We would here remark, that nothing is farther from our design, than to enter into competition with the many excellent and more voluminous publications of other places; but rather, by making honorable mention of them, to give them their proper appreciation. We expect, however, that our columns will be read in portions of the West almost inaccessible to others. Country practitioners, in newly settled regions, are compelled to extend their practice over so wide a field that but little leisure is left them for reading. To them we hope our Journal will be acceptable, by presenting to them, in a condensed form, the practical hints and new views, which are more diffusely set forth in larger period-

icals. The smaller size of our Journal enables us to offer it to them at a cost, which may come more within their means, while the shorter distance of mail carriage will materially lessen the amount of postage.

Our Journal will have, we hope, a local interest. It will be one of our main objects, to present to our readers, all information, that our exertions can obtain, of the types of diseases, and the modifications of treatment required by endemics peculiar to the particular sections in which it may circulate. To aid us in this endeavor, we invite practitioners to forward to us the result of their observations, whenever they may suppose them possessed of practical value. In regard to Epidemics also, statistics are desirable. The prevailing type of disease, its mortality, the comparative success of different modes of treatment, the point of its commencement and the direction of its progress through the infected district, and when it may be practicable, the Post Mortem appearances, will be points of value to those who may afterwards have to contest with the disease, and will form a record valuable in the medical history of the country.

We anticipate an advantage from our publication, in affording to Western Physicians means of giving to the public the results of their surgical operations, and other observations,—means not so readily afforded them by other Journals. They may thus, through the medium of our columns, become known to the profession generally, and to each other, and separated by space, a bond of union will be formed pleasant in the association, and powerful to repress empiricism.

Again, a condensed view of new publications will be given, and practitioners will be enabled to judge which of them will be most desirable as additions to their libraries.

In the prairies and forests of the West, there are, doubtless, to be found remedies whose properties, if known, would be invaluable. Investigations should be made with the view of developing these resources. It will always be a pleasure to us to receive any information regarding indigenous remedies, and, if accompanied with specimens, we will be happy to aid, with our best endeavors any advance in the improvement of the *Materia Medica*.

We have noticed with regret, the partial success of new-fangled impostures, in giving a wrong direction to public opinion, where the faculty have not had sufficient organization to expose the false views of pretenders. It will be one of our objects, from time to time, to discuss such points of their pretensions as may



appear most specious, and expose their sophistry. The authority of the most eminent medical writers and stubborn facts; and not our own unsupported opinions; will form the basis of all such discussions. The profession will thus have before them, the representations of the supporters of the so called "new systems," and their refutation; and will be better able to disabuse the public, and drive from the field charlatans, whose ignorance is only equalled by their presumption.

Besides these strictly local interests, our Journal will, we confidently hope, possess some interest to those at a distance from us. From a want of a proper vehicle, no information as regards Medical Practice in this part of the Union, can have found its way to the East, and doubtless, erroneous impressions are entertained. Many physicians, of talent and energy, would, without doubt, be desirous of settling in the North West, could they be assured of a proper appreciation of their efforts. To all such we will strive to furnish the information they may desire, and render them somewhat acquainted with the prevailing endemics with which they will have to cope. They will thus be prepared for extensive usefulness, after a much shorter residence in the place of their choice.

Our Journal at present covers but 16 pages. Should the patronage of the Profession afford sufficient encouragement, and circumstances render it advisable, our limits will be increased. We have around us three large States—Indiana, Michigan, and Illinois,—and two extensive Territories—Wisconsin and Iowa,—filled with medical men, of the highest intelligence, and most praiseworthy enterprise, and not a single Medical Journal has been previously issued in all this vast North Western region. Yet in this same region, political journals may almost be said to be without number; literary periodicals are numerous, and agricultural Journals perhaps equally so. They all meet with liberal patronage. It were strange indeed, if *one* Medical Journal should, if properly conducted, fail of success. Let the Physicians of the North West, urged by a common interest for the honor and advancement of the profession in their own region, aid us by their support, and we may hope that the day is not far distant, when the condition of medical science, will attain an equality, and keep pace with that in the other and older districts of the Union.

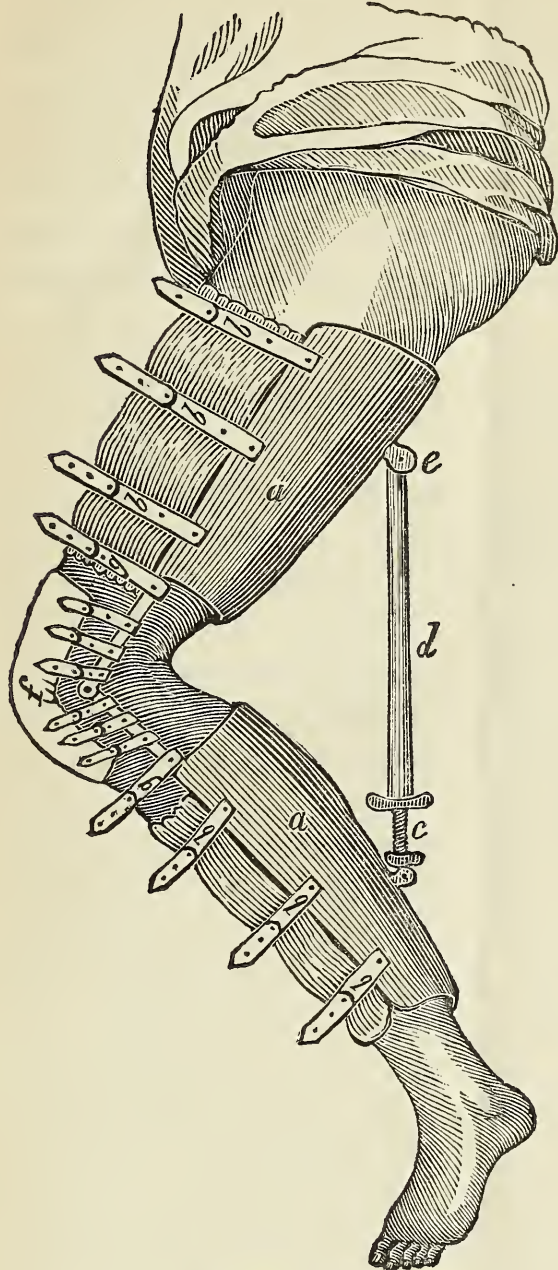
TWO CASES OF FALSE ANCHYLOSIS cured by extension, without division of the tendons, with some remarks upon the varieties and the different modes of treatment of the deformity. By DANIEL BRAINARD, M. D.

CASE I.—*Anchylosis of the knee, of ten months standing, the result of a wound and suppuration of the joint.—Extended in thirty days.*

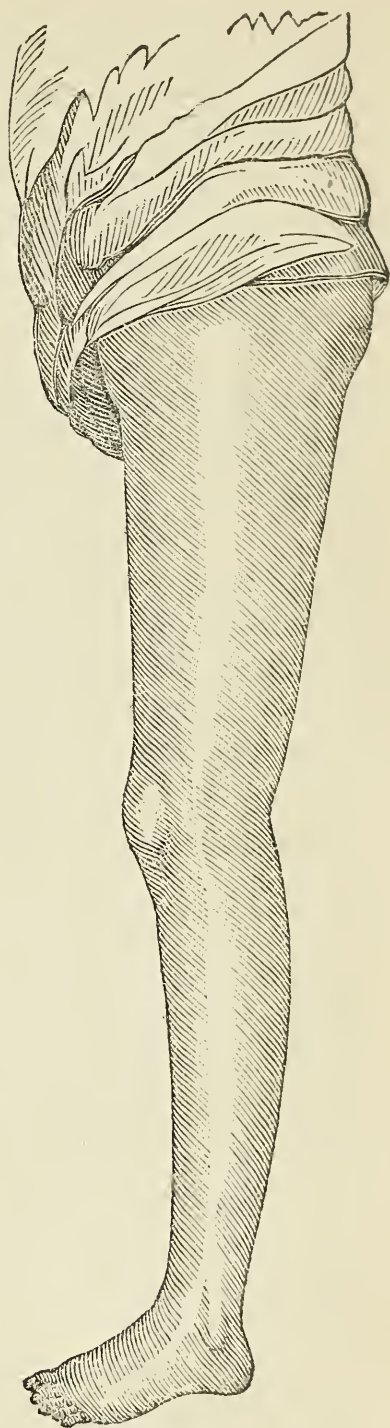
T. F. STEVENS, of Cook county, Ill., aged about 28 years, of good constitution, consulted me in the early part of August, 1843, for an anchylosis of the left knee. It was the result of an inflammation of the synovial membrane, followed by suppuration, produced by an incised wound. At this time the suppuration had been stopped ten months, the leg was fixed at a right angle with the thigh, the joint not inflamed, but the fibrous tissues around it were somewhat rigid. On the upper internal part was a cicatrix, more than an inch in length, and the tendons of the flexors of the leg were tense. This I thought a favorable case for gradual extension. The patient being of good constitution, there having been no disease of the bones, and the inflammation having been subdued, were the circumstances which induced the belief that it could be done with safety. As there was no retraction of the muscles, tendons or ligaments, except such as was consequent upon the disease of the joint, I thought it unnecessary to divide these parts, as has sometimes been recommended. The apparatus was applied Aug. 31, 1843, and the leg immediately extended an inch. The adjoining figure (Fig. 1) sufficiently represents its construction, the manner of its application, and the state of the limb when extension had been commenced; *a a* are two concave pieces of brass, fitted to the surfaces of the thigh and leg, and padded before being applied. These are connected together by steel shafts, passing on each side of the knee, and joined opposite to it by hinges. These shafts should be sufficiently strong to resist considerable pressure, and separated so as not to press upon the sides of the knee or the head of the fibula; *b b* &c., are straps for fixing it to the limb, thin cushions of carded cotton should be placed beneath them; *c* is a screw received into the tube *d*, and which contains the female screw. This tube turns upon a pivot at *e*; by turning this forward or back the machine can be varied from a straight line to a right angle; *f* is a buckskin knee-cap for making counter extension, secured to the shafts by six straps, and buckled on each side; *g g* are straps for the same purpose. This instrument, with some slight variations,



has been described by Mr. Liston, Dr. Detmold, of New York, Dr. Chase, of Philadelphia, &c., and is frequently sold by the instru-



(Fig. 1.)



(Fig. 2.)

ment makers as the apparatus of one or other of these gentlemen, but was described and figured by Fabricius Hildanus, (J. Cloquet, Dict. de Medicine, Art. Ankylose,) and used with success by Boyer, (Traité des Maladies Chirurgicales, Tome IV. p. 574.)

Extension was made every morning and evening for thirty days, when the limb was perfectly straight, as represented in Fig. 2. The extending apparatus was then removed, a concave splint of tin

substituted; the patient returned home, directions being given him in regard to the use of passive motion and frictions for the restoration of its movements.

*Feb. 1, 1844.*—Heard from him,—he walks very well, but the movements of the joint are limited, from the rigidity still remaining. The difficulties, in this case, consisted in the occurrence of pain and heat in the knee, when the extension was carried too far. It was then allowed to rest a day or two; evaporating lotions were applied, and a laxative administered. As the irritation subsided, the extension was renewed.

CASE II.—*Anchylosis of the knee of nine years standing.—Leg extended in thirteen weeks.*

Mrs. M. H., aged 50 years, had nine years ago, a “white swelling” of the left knee, which suppurated, continued many months, and finally was cured, leaving the leg flexed to  $60^{\circ}$  from the line of its natural position when extended. The head of the femur presents, Nov. 14, 1843, an enlargement, and on the outside of it there is a large depressed cicatrix adhering to the bone, marking the situation of the former ulceration of the soft parts and indicating the disease to have been a caries. The patella was situated upon the head of the femur, adherent, but capable of slight movement. The other parts of the joint bore no traces of disease. The leg could be flexed, but not extended to a greater extent than that which I have mentioned. The tendons of the flexors of the leg were not tense when the limb was in a state of repose.

The extending apparatus was applied Nov. 14, 1843, in the same manner as in the former case, and continued until Feb. 14, 1844, when the limb was sufficiently straightened to allow the sole of the foot to rest upon the floor, when the patient was in the erect position. The extension in this case was attended with considerable pain, not so much from inflammation, as from the excoriation which was produced about the cicatrix. Absorbent powders and astringent lotions, with thick cushions under the knee-cap were made use of to obviate this difficulty, but the extension was at different times suspended for several days to allow them to heal. The admirable fortitude and perseverance of the patient, however, were proof against all obstacles, and she cheerfully supported the pain until the desired object was accomplished.

I have thus described two cases of anchylosis and their treatment, in order to bring before the profession the advantages of its adoption in certain varieties of the disease. In order to determine,



however, the cases in which it is applicable, and thus be secure against the danger of doing great injury by its use, it is essential to distinguish with accuracy the character of each particular case which presents itself. Thus, for example, if applied in a case of scrofulous disease of the bones before a perfect cure has been effected, it might induce a return of the disease and endanger the life of the patient. If advised in a case of true anchylosis it would but disappoint the patient, and in some cases of permanent flexure of the joints, from spasmodic action of the muscles, it would also be entirely ineffectual.

Anchylosis has been divided into true and false,—the former term being applied to those cases in which all movement is lost, the latter to those in which a partial mobility is preserved; they have also been denominated complete and incomplete. The following are the principal varieties of false Anchylosis:

1st. From want of movement. When an articulation is maintained for a long time in a state of perfect quiet, the ligaments become contracted and rigid, its articular surfaces are pressed very firmly together, the synovial membrane becomes contracted, rough, and firmly adherent by cellular tissue, the synovia becomes serous, diminished in quantity, and at length dried up, the articular cartilages are thinned, and ossification of them even may take place. (Dict. de Med. Art Anchylose.)

2d. From effusion of lymph. This is the result of inflammation of the synovial membrane, produced by wounds and other causes. The surfaces are joined in this case by bands of organized false membrane. The subsequent changes, if the disease is left to itself, may be the same as in the former case.

3d. From contraction of the tendons or ligaments, or from the formation of cicatrices about the joint. This variety is the frequent result of rheumatic, scrofulous or syphylitic inflammation of the joints, the formation of eschars, or from suppuration in the cellular tissue.

True Anchylosis may be divided into two kinds:

1st. That in which the articular surfaces are destroyed by ulcerations, and osseous union takes place directly between the two bones. The same result may also take place from the long continuance of false anchylosis.

2d. That in which the bony union takes place without the articulation, from the development of bony tumors, &c. These may arise from fractures, from gouty concretions, &c.

Although we have arranged under the head of true Anchylosis

only those cases in which union by callous takes place, it must not be supposed that in the other varieties perceptible movement is always allowed. This is not the case. But as the treatment differs widely in one or the other case we have preferred to classify them in this manner.

It is in the different forms of false Anchylosis that the treatment by gradual extension, or by passive motion, frictions, &c., is most worthy of trial, provided the acute stage be passed and the bones are not diseased. The cases already given may be considered sufficient in regard to extension. As an example of the effect of friction and passive motion, we would cite the following, given by L. Verduc. "A young girl, from 10 to 12 years of age, had the right knee anchylosed, the result of a wound between the condyle of the tibia and the patella. This had been formed seven or eight months, during which the heel was applied to the hip. This disease was regarded as incurable by a physician and three surgeons. Nevertheless Verduc did not despair of restoring her, and undertook its cure. He commenced at first with emollients, and after these, made use of resolvents. These topical applications were continued twice a day with great care during five months. After having fomented the part as warmly as possible for a quarter of an hour with an emollient decoction, he applied the resolvent liquid as warm as she could bear it, and continued to foment it during a considerable time.

But what advanced still more the cure was the bandage, with the splints used for fractures of the leg, the application of which was commenced when the leg was somewhat extended. After having fomented the knee with liquids, he seized the leg and the thigh with his two hands and performed flexion and extension to as great an extent as he was able and the strength of the patient would allow. Afterwards he applied the bandage, preparing a very thin splint, an inch wide and eight or ten inches long, which was placed in a compress of eight folds; he placed the middle of this behind the ham so that one end rested upon the thigh and the other upon the leg. As the leg was still flexed, and there was a wide space between the splint and the ham he put upon the knee another compress, seven or eight double, covered with pasteboard. The bandage was composed of a roller five yards long and two inches wide. Five or six circular turns were made over the compresses, viz., three above and three below the knee, and the roller was then fixed by two or three turns upon the knee itself. It should be observed that in proportion as the anchylosis was soften-



ed by the emollient and resolvent remedies, the bandage was tightened. Every day, morning and evening, the flexion and extension were made with violence; in these extended movements the friction between the tibia and the condyles of the femur was heard. All this could not be done without very great pain, which rendered caution necessary. Frequently after having performed these movements it was necessary to leave the patient in a state of repose seven or eight days, and as soon as she was better the flexion and extension were recommenced. By these different means combined, this anchylosis was so perfectly cured that the patient walks since without lameness and without feeling the slightest inconvenience." (Boyer, *Op. Cit.* Tome IV.) In this case effects which were only due to the mechanical means employed were attributed to the emollients, &c.; but it only shows the possibility of effecting by perseverance and great violence what is now accomplished by milder means, such as gradual extension with or without division of the tendons. It is in cases of this kind also that sudden violence sometimes has the effect of restoring the movements. Thus a case has come within my knowledge of a man who had an angular anchylosis of the knee, and who fell down a bank about fifteen feet high, by which the adhesions were ruptured and the person now enjoys the perfect use of the limb. Job à Meek 'ren relates a case which probably depended upon the same cause, and which was cured in a similar manner. "This anchylosis had resisted fomentations and cataplasms; he got a violent fall upon the fore arm, and from that time the movements were reëstablished, and became thenceforth from day to day more extended and easy."

○ (Ap. Cit.)

In cases of disease of the joint attended with flexion, every attempt at extension, or any mechanical violence, must be carefully avoided. This caution is particularly necessary at the present time, when the use of the extending apparatus has been so generally revived. A case has fallen under my notice of a patient with anchylosis of both knees, of several years standing, the legs being flexed to an acute angle with the thighs. The flexor tendons were divided, the apparatus applied, and the limbs nearly straightened, but an inflammation of the joints supervened, which was severe and long continued, rendering the removal of the machines necessary, and terminated by leaving the members in all respects as before the operation. It is probable that the frequent occurrence of such accidents, from improper application of extension,

may have contributed to bring this method of treatment to the neglect in which it long slumbered.

The attempt to imitate, by art, those cases in which restoration of motion has been effected by accidental violence have been, as far as I am aware, exceedingly unfortunate. The profession is already aware of the result of two trials by a charletan permitted by Velpeau, in his wards, at the hospital *La Charité*. The following account of the dissection of the joint in the first case, and of the operation in the second, from notes taken at the time, may however add some interesting details. The operation was performed Dec. 29, 1839. The subject was a healthy woman of 25 years of age, with the leg bent to a right angle with the thigh. It was the result of a wound, slight movement was allowed between the tibia and femur, but the patella was fixed to the latter bone. The patient was placed upon the table, the limb placed in the machine, which, by simple turning of a key, immediately brought the knee down to the horizontal piece. This was the work of a minute, but was attended with a cracking sound, from the rupture of tendons, ligaments, &c., which was distinctly audible to all persons within the amphitheatre, and with the most excruciating suffering. The patient while undergoing it, reminding one of a sufferer under instruments of torture. In a week an eschar formed and she died January 19, 1840; but, as she left the hospital, the joint was not examined.

In a case previously operated, and which also terminated fatally, the tibia was found dislocated from the femur, the anterior part of the head of the former bone lying upon the posterior part of the condyles of the latter. Neither the tendons, nerves, or vessels were ruptured. This operation was only intended, as M. Velpeau *can* remarked, to apply to true anchylosis.

After these results it is probable that the experiment will not soon be repeated. The only method that has as yet succeeded is the admirable operation of Dr. Barton, which consists in the removal of a wedge from the femur, and which, in the only cases in which it has been repeated, those of Drs. Mütter and Gibson, has been crowned with success.



## PRACTICAL MEDICINE.

### BELLADONNA AS PROPHYLACTIC IN SCARLATINA.

An epidemic Scarlatina has been for some time prevailing, in Chicago. The mortality has been great, but not so much so as is generally supposed by the citizens. The number of deaths, from the disease and sequelæ, in the months of January and February, during which time the disease was most malignant, was 27. We have heard of but three fatal cases from that time to the present. The number of cases occurring we have been unable to ascertain, as no general record was kept by the physicians of the place.

During the prevalence of the epidemic, the prophylactic powers of the Belladonna have been tested in a number of cases, and without success. We have been informed of fourteen instances in which the supposed preventive was taken, and in which the patients afterwards took the disease. Of these, six cases were fatal. To what extent it was given, or how long before the accession of the disease we have no means of ascertaining.

As public attention has been called to this subject, the following opinions of eminent authorities may be interesting.

Dr. Pereira remarks,—“ Bearing in mind the well known capriciousness evinced by scarlet fever, (as indeed by other contagious disorders) in regard to the subjects of its attacks, and the large number of those who, though exposed to its influence, escape, the best evidence hitherto adduced in favor of the notion must be admitted to be inconclusive. While, therefore, the facts brought forward in favour of the existence of this prophylactic power are only negative, those which can be adduced against it are positive. For I conceive twenty cases of failure are more conclusive against the opinion here referred to, than one thousand of non-occurrence are in favor of it. Now Lehman, Barth, Murbeck, Hoffman, and many others that I could refer to, declare that it has failed in their hands to evince its prophylactic powers. In this country (England) we have had no extended series of observations to quote; but the cases which I am acquainted with are decidedly against the efficacy of the remedy. A remarkable failure is mentioned by Dr. Sigmond, of a family of eleven persons who took the supposed specific, yet every individual contracted the disease.” [Pereira’s *Mat. Med. and Ther.*, vol. 2, p. 307.]

In a review of “A practical treatise of the diseases of children, by D. Francis Condie, M. D. &c.,” in the last number (Jan. ’44) of the *American Journal*, we find the following: “Of the prophylactic powers of Belladonna in Scarlatina, Dr. Condie gives the following opinion.”

“We have in repeated instances, tested the prophylactic powers of Belladonna, but although redness and dryness of the throat, and a diffuse scarlet efflorescence were produced in a majority of cases, we never found it, in any, to produce the slightest effect in mitigating the character or preventing the occurrence of Scarlatina. The experiments were made during the prevalence of the disease, and in numerous instances the subjects of them were attacked. In one case the efflorescence was kept up by the use of the Belladonna, for forty-eight hours; in a week afterwards this individual took the disease, in its most violent form, and died on the fourth day.”

*Treatment of Fevers by Salines.*—In the “Lancet” for December 14, 1839, some very interesting results on the use of salines are given by Dr. Jordan Lynch. He practised in the worst districts of London, and states that his successes, after employing the following treatment, exceeded his most sanguine expectations. After premising an emetic, and a brisk purge of calomel and rhubarb, or jalap, he gave a solution of three drachms of common salt to the pint of water in the twenty-four hours, the patient drinking largely of cold spring water, adding to the mixture a drachm of muriatic acid as the symptoms improved, with effervescing soda powders till convalescence was complete, supporting the strength with beef tea and porter. The acid effectually checked the diarrhœa. Out of 97 cases not one died, and recovery, he says, took place in as many days as it required weeks on the ordinary plan.

Dr. Copland, in his elaborate article “Fever,” par. 596, says, “The chloride of soda is a valuable medicine in all the typhoid forms of fever when judiciously prescribed;” and Chomel, who gave it an extensive trial, states that it has proved more successful in low fevers than any other means, when perseveringly employed. Drs. Graves and Stokes also think highly of it in petechial fever.

Dr. Wilson, of the Middlesex Hospital, adopted Dr. Stevens’ saline treatment, with great advantage, during the prevalence of petechial fever in 1837. The patients were all put into a warm bath and washed with soap, the head shaved, and cold applied if necessary. The following powder was given in water every four hours: R. Carbonate of soda, half a drachm; chloride of sodium, 1 scruple; chlorate of potash, 6 grains. Mix.

If this were refused, a drachm of the chlorate of potash in a quart of water was given for drink in the 24 hours. In some severe typhoid cases, where active treatment was inadmissible, in addition to wine and beef tea, Dr. Graves gave carbonate of soda, one scruple; nitrate of potash, ten grains, every three hours, with great success.

Dr. Furnival, in his work on consumption and scrofula, says, “In the middle or even later periods of typhus, I must bear testimony to the great efficacy of large doses of the sesquicarbonate of soda alone, every four hours, either in water or some other tonic effusion. It is surprising how soon the tongue will clean, and the collapse give way.”



Dr. Bright speaks favorably of a similar plan, and the common effervescing draughts, prescribed as simple refrigerants, may be more actively useful than the prescriber suspects.

Among the German writers there is extensive evidence in favor of the hydro-chlorate of ammonia in putrid adynamic fevers, and a very general preference has been attached by writers of all classes to combinations in which chlorine plays a part. Indeed, the compound recommended by Dr. Stevens is probably resolved in the stomach into the muriates of soda and potash. The nitrate and chlorate of potass are also particularly deserving of trial.

The above practical testimonies in favor of the saline treatment of fever are more than sufficient to entitle the subject to the student's serious consideration; though the value of such treatment is practically demonstrated, the theory is not free from much painful obscurity, but some additional insight into the possible *modus operandi* of such remedies may be gleaned from Professor Liebig's researches on the influence of soda on the decomposition of our tissues and in the formation of bile."—*Braithwaite's Med. Retrospect*, No. 8, p. 20.

*Treatment of Rickets.*—By A. W. CLOSE, Esq., Manchester. This gentleman states that the softened state of the bones in this affection is owing originally to a deficiency in the supply of the *nutritive nitrogenized substances*. The affection is seldom seen during suckling, because the milk contains those elements which are exactly suited to the wants of the system. After weaning, the diet often adopted among the poor, consists chiefly of potatoes, oatmeal, gruel, tea, coffee, and rice. Now *proteine* is only found in the two first in small quantities, and none in the rest. Among the middle and upper classes the diet after weaning is often sago, rice, or arrowroot, which certainly fatten little children, but do not convey a sufficient quantity of nitrogen to the system. The diet ought to consist more of the nitrogenized substances when there is this disposition in the system, such as beef-tea, eggs, and wheat ground and made into bread without separation of the cuticle of the grain, in which is contained the phosphate of lime, to whose absence the softened condition of the bones is usually attributed.—*Med. Times*, Aug. 19, 1843, p. 335. *Braithwaite's Med. Retrospect*, No. 8, p. 78.

We have under treatment, at this time, a case illustrative of the truth of the above remarks, upon the errors in the diet of children. In this instance, Rachitis was not the result, but a condition of the system equally deplorable. The patient, a child three years old, since the time of weaning, has lived upon a diet of *sugar*, to the almost total exclusion of nitrogenized substances. The result has been, protracted scorbutus, with all its attendant evils. The little sufferer is still fat and round, though from frequent hemorrhages and suffering, reduced to a state of complete anemia.—*Ed.*

*Shivering as a diagnostic sign of Thoracic inflammation.*—M. CHOMEL, in one of his clinical lectures at the Hôtel Dieu, made the following remarks on this subject, in commenting on a case of pneumonia, that was in the wards:—

“I took much pains in questioning this patient, to ascertain whether she had experienced any chill before the commencement of the attack; and her reply was always in the negative. This circumstance appears to me of importance; and it is therefore designedly that I call your attention to the subject, seeing that it is the professed opinion of many physicians that pneumonia, like articular rheumatism, may generally be traced to the influence of damp and cold. The results, however, of my own experience, as well as of that of many others whom I know, are quite opposed to this opinion. No doubt it often happens, that pneumonic patients will be found to have been chilled some time before the attack came on; but assuredly, the chill is not the only, nor even the principal, cause of the disease. If we inquire into the particulars of a case, we generally find, that there was a predisposition to the malady present in the system at the time, and that the chill only accelerated the development of the mischief.

“It was merely the occasion, so to speak, of the explosion of a pre-existing morbid state; just in the same manner as a simple indigestion may be the exciting cause of a gastric inflammation in a person, in whom there is a strong disposition to this disease.

“But the same remark does not hold true of shivering when this occurs at the commencement of a disease. In my opinion, it is an almost invariable sign of pulmonary inflammation. Whenever, therefore, this symptom is or has been present, the physician will do wisely to direct his attention to the chest; and very generally, at least according to my experience, he will find that an inflammatory process has been set up in the lungs—unless indeed some well-marked symptoms clearly point to another organ as the seat of suffering. I do not deny, as a matter of course, that an attack of peritonitis, enteritis, &c., is sometimes ushered in with shivering; all that I mean to assert is, that this symptom is infinitely more common as a precursor of pneumonia than of any other inflammation. Hence in practice, whenever any of my patients has a well-marked shivering fit, even although other symptoms indicative of disease elsewhere be strongly marked, I at once suspect that the lungs are more or less seriously affected. On very many occasions, indeed, this symptom alone has sufficed to suggest to me the right diagnosis, while other medical men who have seen the case at the same time, have formed a very different opinion.

“There is another character which equally deserves the attentive consideration of the physician—and that is the pain in the side. In pleuro-pneumonia the pain is generally seated in the region of the mamma, although the affected part of the lung does not correspond to this point, or perhaps extends much beyond it. It has been suggested, in the way of explanation, that there is a greater degree of friction between the pulmonic and the costal pleuræ at



this point than at any other, and that this may be the cause of the phenomenon in question. But if such were the case, the pain should surely not be limited to so circumscribed a spot, but should extend over all the surface where this greater friction is experienced; and we might expect, moreover, that it should change its locality—which certainly does not hold true. No satisfactory explanation has hitherto been offered of this symptom, and we must therefore confess our ignorance upon the point.”—*Gazette des Hôpitaux*.  
*American Jour.*, Jan. 1844.

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## BIBLIOGRAPHICAL NOTICES.

*The Dissector, or Practical and Surgical Anatomy.* By ERASMUS WILSON, author of a “System of Human Anatomy,” &c., with one hundred and six Illustrations, modified and re-arranged by PAUL B. GODDARD, M. D., Demonstrator of Anatomy, in the University of Pennsylvania. Philadelphia: Lee & Blanchard, 1844, p. 444, 8vo.

We take pleasure in recommending the above work to the attention of Physicians and Medical Students. For accuracy of description, comprehensiveness, and conciseness of style, it takes precedence over all the works of practical anatomy in common use, and ranks with the very first with which we are acquainted. The introduction of surgical, in connection with practical anatomy, into a “dissector,” is an arrangement, the utility of which might be questioned by some, but this part of the present work occupies but a small space, and is well calculated to give interest to the descriptions as well as to convey useful information. But the illustrations are the part of the book which will render it a favorite with students, and contribute most essentially to its usefulness. They may be compared to the figures on the black board, the utility of which in anatomical descriptions, especially of the vascular and nervous systems, is beginning to be appreciated, by teachers of that science. The execution of the mechanical part is excellent. We should be glad to see introduced into it and into every similar work, formulæ for injections of the vessels, a few directions for making anatomical preparations, and the mode of preserving subjects for dissection, by Gannal’s method. This would render it more useful, especially to those engaged in dissections at a distance from medical schools.

D. B.

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*Anatomical Atlas—Illustrative of the structure of the human body.* By HENRY H. SMITH, M. D., Fellow of the College of Physicians, Member of the Philadelphia Medical Society, &c. Under the supervision of WILLIAM E. HORNER, M. D., Professor of Anatomy in the University of Pennsylvania, &c. Philadelphia: Lee & Blanchard, 1844.

This work, of which the first number, embracing the bones and ligaments, is now before us, is published for the purpose of "forming a set of Plates as an accompaniment to the text work" of Dr. Horner, of which a new edition with many additions has lately been issued. Most of the figures are selections from different works, but a part are from original drawings of preparations in the Museum of the University. There are several representing the tissues of bone and cartilage, viewed with and without the microscope, while the form of all the bones and the situations and attachments of the ligaments are perfectly exhibited. The engravings are excellent, the form and size of the work are such as to render its use very convenient. The Atlas is to be completed in five Nos., price \$1,00 each, and will form a useful accompaniment, not only to Dr. Horner's, but to any other full and recent system of Anatomy.

D. B.

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## GENERAL INTELLIGENCE.

*Surgical Patents.*—M. GANNAL, in Sept. 1837, took out a patent for a method of embalming, which consisted mainly in the injection of a solution of sulphate of alumina and of arsenic into the arterial system, and by virtue of this he maintained that he alone had the right in France to embalm by injection, and announced that he would prosecute any medical man who attempted to infringe his patent. M. Marchal, a distinguished young surgeon, conceiving this claim to be an infringement of the rights of the profession, publicly injected a body with a solution of arsenic, previously giving M. Gannal notice of his intended operation. M. Gannal, conceiving his patent to be infringed, brought a suit against M. Marchal before the "Tribunal Correctional" of Paris, and this tribunal have decided that the human body could not be assimilated to merchandize, and that it is not possible to take out a patent for any operation performed on it. The case was consequently discharged, and the costs, which are heavy, fall on M. Gannal.—*Medical News, March, 1844.*

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*Fibrous tumours of the Mamma.*—Prof. CRUVEILHIER read to the French Academy of Medicine on the 9th of January last, a memoir on fibrous tumours of the breast, often mistaken for cancer. The conclusions to which the learned author has arrived are, 1st. That the mammæ may become the seat of fibrous tumours. 2d. That they are to be distinguished from scirrhus and cancer, from their not being adherent. 3d. That they never become cancerous, and ought not therefore to be extirpated.—*Ib.*



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NO. 2.

EPIDEMIC ERYSIPELAS, CALLED "BLACK TONGUE."—This disease has for several years been prevailing in various sections of the Union. Appearing at different times, at points widely separated from each other, and with a fearful mortality, it has attracted considerable attention. The principal accounts of it which have been given to the public, are by Charles Hall, M. D., of Burlington, Vt., and George Dexter, M. D., of Lancaster, N. H., in a joint paper communicated to the Amer. Jour. of Jan. '44, and by Dr. George Sutton, of Aurora, Ia., in the Western Lancet, Nov. 1843. We shall take the privilege of arranging from these and other accounts, the most prominent features of this disease, and its treatment.

The first appearance of Epidemic Erysipelas, so far as we can learn, was in the summer of 1841, in some parts of Canada. At Lancaster, N. H., several cases occurred late in the fall of 1841. In the spring of 1842, it appeared at different points in the northern and middle sections of Vermont and New Hampshire; and during the whole of that year, it prevailed to a greater or less extent in that district. The line of its progress, Dr. Hall represents as "irregular and erratic," he indicates a "section of country, from the Canada line following the course of the Connecticut river southwardly, a distance of a hundred miles, westwardly, from the banks of the same river, to the borders of Lake Champlain, and eastwardly, to the State of Maine," as that in which the disease manifested itself in the most malignant form.

Dr. Sutton records the appearance of the epidemic in Ripley county, in November, 1842. "It commenced three miles east of Napoleon, and gradually extended in a south-easterly direction, over a section of country ten to fifteen miles in width, and about thirty in length." During the winter of 1842, notice ap-

peared in the public papers of an epidemic prevailing on the Illinois river, called the "black tongue;" also of a similar or identical disease in some parts of Missouri.

During the last winter, (1843, '44,) the same epidemic prevailed at Michigan City, Ia., Our accounts of the disease occurring at this point have, as yet, been verbal,\* but sufficient to remove all doubt of an identity with those already mentioned.

A communication in the Columbia, (Tenn.) Observer, (March 7, '44,) mentions an epidemic erysipelas as prevailing in that town. The symptoms characterizing it do not show any material variation from that prevailing in other sections of the country.

A late newspaper account represents the "black tongue" as "raging with great violence in Augusta, Kentucky.

Such have been the principal points at which the disease has made its appearance. The irregularity of its progress, and the possibility of its still extending to other places, render it desirable that the profession should inform themselves upon the subject.

The symptoms of the disease in the different sections enumerated, are, in many respects, strikingly similar. We cannot do better than quote from the different observers.

Drs. Hall & Dexter describe them as follows:

"With few exceptions, for two or three months after the first appearance of the erysipelas, there was great uniformity in the early symptoms and manner of attack. The disease was ushered in by many of the premonitory symptoms of pyrexia; sore throat more or less severe; enlarged tonsils and submaxillary glands; difficult deglutition, and sometimes painful respiration, attended with lassitude, pain in the back and limbs, and frequently nausea and retchings. The breath and respiration were uncommonly foul and offensive. The tongue in most cases was covered with a grayish white slime, through which the tongue was observed of a deep red color. The bowels more or less constipated, were generally easily moved, though sometimes they were insensible to the action of cathartics. The pulse frequent and depressed, the hands and feet cold and clammy, the skin contracted, and the general expression shrunken and haggard.

"These symptoms were ordinarily succeeded, generally in twenty-four hours, by a chill, sometimes a severe rigor, which was followed by general reaction, with frequent and bounding pulse. The chills, however, instead of subsiding, as in the accession of the

\*Since the above was prepared for the press, we have received from Dr. Meeker, of LaPorte, Ia., an account of the epidemic erysipelas at that place: we will insert it in our next.—ED.



hot stage in other fevers, were more persistent in their duration, and were frequently protracted through the continuance of the hot stage, and indeed through all the stages of the paroxysm. In some instances also, through the remissions, even embracing the whole twenty-four hours; and although the chill sometimes continued during the period mentioned, even when the body was preternaturally warm, the skin was at the same time bathed with a copious acrid perspiration.

"Another mode of attack was very different from that just described. The patient would be suddenly overtaken in apparent health and amidst his labors, with a sense of coldness, painful in the extreme, soon followed by severe chills. These symptoms were followed by pain in the head, stomach, abdomen, back and joints, or some or all these at the same time, and in the course of twenty-four or thirty-six hours, ordinarily succeeded the sore throat above mentioned. These symptoms were the principal premonitions of the subsequent efflorescence, which appeared on the skin, usually about the third or fourth day, in form of erysipelas. This efflorescence gave the qualifying characteristic of the fever, and yet in our own practice, and that of our medical associates, it did not manifest itself in more than one case in six, and when it did appear it was not confined to any particular location. Dr. Barney, of Lyman, N. H., mentions eight individuals in one family who were attacked at the same time. In each patient the disease appeared in the same locality, and travelled over the same space, involving the same surface in its progress. Usually, it was first observed on the side of the neck or face, presenting an acutely sensible and circumscribed red spot. This when first noticed might be covered with the point of the finger, but rapidly spread upwards with a defined line of demarcation on its upper margin, and in its advance embraced the whole of the face and scalp, on the side upon which it first appeared.

"Dr. Jewett to whom we have before referred, and than whom no man has had better opportunities for observing this disease, says, 'not more than one case in twenty of those having the disease as early as January or February had external erysipelas, as subsequently occurred. Occasionally, however, in the early season of the epidemic, there were severe cases of external erysipelatous inflammation affecting the head, face, body or limbs, and some cases of deep-seated cellular suppuration, pervading all parts of the system.' For the most part there was manifest swelling, tenderness and pain in the part affected, previous to the appearance of the efflorescence, and occasionally when the attack was in the face, every vestige of expression was destroyed. Frequently when the constitutional symptoms were slight, there would be extensive inflammation of the skin; and as frequently, when the external manifestation was extensive, the redness and soreness of the fauces, which preceded the attack, was uniformly modified if not entirely removed. As there was uniformly an

inflamed condition of the mucous surface of the throat, preceding any constitutional disturbance of the system, and as this inflammation was usually modified or removed by the external disease of the skin; it would seem that this efflorescence upon the surface of the skin was not a symptom of the disease, but merely a translation of the inflammation from one surface to another. Often when two-thirds of one side of the body was covered with the erysipelatous inflammation, and the affection of the throat had subsided, suddenly the efflorescence would recede and the throat again become affected, and this would occur several times in one individual during the continuance of the disease."

Dr. Sutton remarks: (Am. Jrn'l Jan. '44, p. 248.)

"This disease has either assumed several characters, or we have had several epidemics traversing the county together. One was an erysipelas, connected with cynanche tonsillaris, or swelling of some of the lymphatic glands. Another was what we considered a *typhoid pneumonia*, sometimes connected with swelling of the axillary glands. These two diseases have been so intimately connected in my practice, and wherever I can hear of the epidemic prevailing, that it has been a question with me, whether the last was not a pulmonic erysipelas. The premonitory symptoms in each disease were alike; the character of the fever in each was the same; it was often the case that one form of the disease changed into that of the other; and we frequently had, in different members of the same family, the two forms of the disease at the same time. This epidemic appeared also to attack other organs, which I will notice hereafter.

"The following is a synopsis of the symptoms of this epidemic. When the throat was the part attacked, after the usual premonitory symptoms, which have been frequently mentioned, had continued for two or three days, the patient was generally seized with a chill, which lasted, in many cases, four or five hours; this was followed by a high fever, swelling of the tonsils, submaxillary, parotid, and lymphatic glands of the neck; neuralgic pains, darting over the side of the neck and head, frequently following the temporal artery; tongue, covered at first with a thick brown coat, soon became swollen and often very dark in the centre; deglutition frequently very difficult; pulse generally full, though easily compressed; skin at first hot and dry, becoming moist and continuing so after venesection. In the mild form of the disease these symptoms were frequently removed at once by an active antiphlogistic course of treatment. Sometimes the mild form had only the appearance of cynanche tonsillaris. But in the more malignant form, where the throat was affected, after the above symptoms had continued for two or three days, and sometimes from the very commencement, the pharynx became of a dark purple color; this color generally spread over the palate, tongue, and sides of the cheeks, the tongue becoming very much



swollen, assuming a blackish brown color; deglutition in many cases was almost impossible. In most of these cases an erysipelas would commence at the angle of the mouth, or nose, and spread over the face and head, with all the symptoms peculiar to that disease. The inflammation of the throat was seldom stationary; sometimes passing down the trachea, with symptoms resembling laryngitis, or *cynanche trachealis*, and at last assuming the symptoms of pneumonia. Sometimes this inflammation passed into the nostrils, and from them into the frontal sinuses; sometimes apparently into the antrum maxillary, but in nearly every case that I saw, *the throat became well, while the erysipelas was spreading over the skin.*

"Sometimes this disease appeared to commence at the frontal sinuses and antrum; large quantities of water would be discharged from the nose, a violent pain felt over the eyebrows, or one of the malar bones, the face becoming very much swollen, the swelling closing the eyelids. These symptoms generally continued until an erysipelas made its appearance, or there was a copious discharge of bloody mucus from the nose. In the case that I met with, the neck was enormously swollen, from the left ear down to the sternum, without any redness of the skin, or but little inflammation of the pharynx; this swelling rapidly subsided, and was followed by a profound coma that terminated in death. The disease seldom presented the putrid symptoms of *cynanche maligna*, and in those cases that it did, I believe the cause might be traced to the imprudent use of mercury. In a number of cases that I met with, the inguinal glands were the seat of the disease, becoming very much inflamed, and an erysipelas first making its appearance there, and spreading over the abdomen."

Dr. Robards, of Columbia, Tenn., notices the sore throat as a symptom generally occurring, though there were cases in which the inflammation of the face, head and extremities, were unaccompanied by affection of the throat. He says, "That the disease of the throat is the same as that which attacks the skin, is evident, from the fact, that in several instances, it has extended from the former to the latter, attacking, during its progress, the submaxillary and parotid glands, and extending over the side of the face and scalp. Sometimes it descends the trachea and attacks the bronchia; at others, it attacks the pharynx and stomach. Another fact must have been observed, that when the eruption attacks the skin, the gastric and bronchial irritation at once subsides."

All the observers have noticed a tendency in the disease to attack internal organs. "In Canada, according to Dr. Colby, the disease showed itself in attacks of acute inflammation of the substance of the lungs, pleura and stomach, &c." The uterus, peritoneum mucous surface of the bladder and urethra, the external

parts of generation, are all mentioned as frequent seats of the disease; extensive inflammation of the subcutaneous cellular tissue, with suppuration and disorganization to a fearful and revolting extent, is mentioned and reported by many gentlemen engaged in treating the disease.

Erratic pains of a neuralgic character, often very severe, are mentioned as usual accompaniments. Anomalous modes of attack, and various curious complications are detailed by the writers above referred to, which our limits oblige us to omit.

(*To be Continued.*)

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*Account of an Anencephalous Fœtus, with an unusual malformation of the Heart.* By DANIEL BRAINARD, M. D.

Dec. 1843.—I was allowed, by the politeness of Dr. Chas. V. Dyer, of this city, to make an examination of a Fœtus affected with the above named monstrosity, which he had met with in his practice. It was of the female sex, born at the full term of gestation, of healthy parents, who were middle aged, and had six children, all well formed and some of them of uncommon beauty. The limbs and trunk of the one in question were perfectly formed, of medium size, and the subcutaneous cellular and adipose tissues abundant.

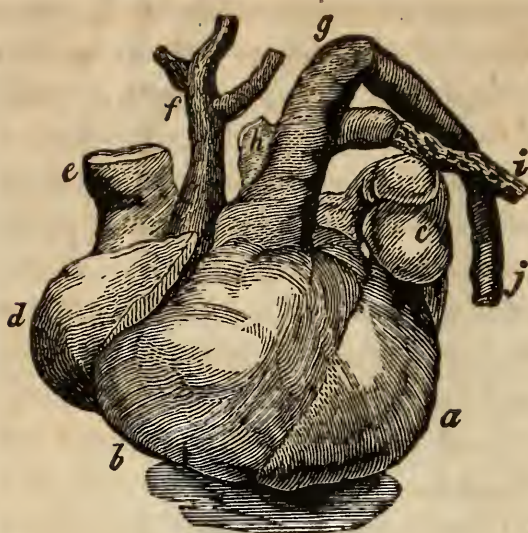
The neck was very short, so that the head had the appearance of being attached immediately to the trunk; the shoulders projecting and in contact with the ears; the cranium small, and greatly flattened superiorly, and from its posterior part extended a sac 8 inches in length, and 9 in circumference at its largest part, which was near its extremity. This sac, at its base, was covered by skin like that of the hairy scalp of a fœtus, but near its extremity it was thin, smooth, and destitute of hair. The face was large, the chin projecting, the orbits directed upward, the eyes large and prominent, the frontal and parietal bones receding directly backward. This prominence of the chin, and want of development of the cranium, caused the face to look very much upward.

On laying open the sac, which had been ruptured during labor at its point of connexion with the neck, its walls were found to be composed, externally, of the coverings of the cranium, lined by the membranes of the brain; a part of its cavity was occupied by



the brain, the remainder having, doubtless; been filled with serum previously to its rupture. The occipital bone presented a division extending from the foramen magnum to its superior part, through which the sac communicated with the interior of the cranium.—The cervical vertebræ were but partially developed, from which resulted the apparent absence of the neck, but they were not open at the posterior part, as is not unfrequent in similar cases. From the injury done to the brain during labor, it was impossible to appreciate with exactitude, the degree of its imperfection; but the existence of the cerebrum and cerebellum could be ascertained, while the small size of the cranial cavity showed that they must have been but partially developed. The medulla oblongata and spinal cord were perfect, and the nerves which arise from them were distinctly seen.

The above described monstrosity constitutes a variety of those called "*anencephalous*," (from *a. priv.* and *enkephalos*, the brain,) which "consists less in the total absence of the brain and the bones of the cranium, than in the partial want, or imperfect development of these parts." (*Breschet*.) These were for a long time confounded with the "*Acephalous*" (without a head,) from which they are now separated, but to which many of them bear a strong analogy; for if a certain number be taken, they form a progressive series of vicious conformations, from those in which there is a limited opening of the cranial bones with partial deficiency of the brain, to those in which these parts, with the spinal cord, are entirely wanting. The occurrence of this malformation is not, by any means, of very rare occurrence, but the following anomalous arrangement of the great vessels arising from the heart and communication of the ventricles of that organ, *coinciding with it*, has, we believe, rarely been noticed. The size, form, and situation of the organ were normal, but on an attentive examination, it was observed that the pulmonary artery greatly exceeded the aorta in size; that the latter, after taking its origin, as usual, from the left ventricle, formed an ascending portion and divided into two terminal branches, one the brachio cephalic trunk for the right side of the head and the right arm, and the other for the same parts of the left side, while the descending aorta was formed by the continuous trunk of the pulmonary artery. The figure will exhibit this arrangement distinctly.



*a* is the left ventricle; *b* the right ventricle; *c* the left auricle; *d* the right auricle, *e* the descending cava; *f* the ascending aorta dividing into its terminal branches; *g* the pulmonary artery; *h* the branch for the right lung; *i* the branch for the left, arising higher up than the other, with a piece of the lung attached to it; *j* the descending aorta, formed

by the continuation of the pulmonary artery. The veins terminating at the heart were natural, except that there was but one pulmonary vein on the left side. No communication by the ductus arteriosus, existed between the aorta and pulmonary artery.

On laying open the cavities of the heart, the auricles were seen to communicate by the foramen ovale, which was of unusual size. The septum of the ventricles was also perforated at its superior part, by an opening a line in breadth by  $2\frac{1}{2}$  lines in length. This opening is, according to J. F. Meckel, (Manual of Anat. vol. 2 p. 220,) constantly found where the pulmonary artery gives off the descending aorta, and the vessel is said, in this case, to arise from both ventricles. It will be perceived that the effect of this malformation of the heart and anomalous distribution of its vessels, would have been, in a fœtus possessed of a perfect organization in other respects, after birth the distribution of pure arterial blood to the head and superior extremities, and of mixed arterial and venous to the inferior members and trunk.

The alimentary canal, the organs of secretion, of respiration, and the genito-urinary system were normal, as was also the remaining portion of the vascular system; if we except one defect, slight in character, but which to omit nothing, may be mentioned; which consisted in the passage of the ductus venosus from the umbilical to the left hepatic vein, instead of arising, as is most usual, from the vena porta.



*Case of Rupture of the Uterus, with occlusion of the Vagina.* By  
DANIEL BRAINARD, M. D.

*On Monday, April 8, 1844*, I was invited by Dr. J. Brinckerhoff, a highly respectable practitioner of this city, to examine the body of Mrs. Donnahue, who had died during labor. The history of the case was as follows:

*On Tuesday, April 2d*, at the full period of gestation, she was taken in labor, and the Dr. was called, who finding but slight pains, and there being constipation of the bowels, administered a cathartic of castor oil, after the operation of which, the pains entirely subsided, and on Thursday, she felt quite well and went about as formerly. Friday, at 2 A. M., pains returned, were of ordinary severity, and irregular in their returns, waters discharged, a venesection was practiced, and the physician was absent at times during the day. Saturday, at 4 o'clock, A. M., he was called in haste, but on his arrival, found the pains had suddenly left her, and that she complained of fullness at the epigastric region. Tenderness of the abdomen supervened, with frequency of the pulse and great depression, and death took place on Monday, at 2 A. M. The examination was made at 10 o'clock of the same morning, and gave the following results:

The vagina was closed above the middle by adhesions, which seemed perfectly to have obstructed the passage, and a firm band was found to extend from the left side of it, upward and backward, to its termination. No trace of the os uteri or of the head of the child could be felt. The abdomen having been laid open, the child, which was of full size, was brought into view, presenting its back to the anterior wall, the vertex resting in the left iliac fossa, the chin above the symphysis pubis, and the breech at the ensiform cartilage. The right iliac fossa was occupied by the placenta and membranes. The peritoneum was, at several points, of a deep red color, coated with a thin layer of coagulable lymph, and contained a small quantity of lymph and serum. On removing the child, the uterus was seen, of its usual size after delivery, slightly depressed into the pelvis. Drawing it gently upward, a rent was perceived at its anterior part, immediately above the attachment of the vagina, extending from side to side. Passing the finger through this into the vagina, it was arrested, as below, by the adhesions, and with a finger on either side, the septum appeared to be half an inch in thickness, and of very firm texture. The uterus and vagina, having been removed for more care-



ful examination, the margins of the rent were found to be rough and ragged, numerous large vessels were seen upon the torn surfaces, which were quite empty, and many fibres were attached to them drawn out from the opposite sides, which, to the unassisted eye, appeared like those of a muscle which has been for some time macerated in water. The wall at the side of the opening was an inch in thickness, and presented no trace of any former disease. The cavity of the uterus contained a small coagulum. The closure of the vagina was found to be perfect, with the exception of a canal through which a quill of small size might be forced, the orifices of which were obscure. The septum itself was very dense, and composed of the fibrous tissue of cicatrix.

In regard to the previous history of this individual, but little accurate information could be obtained. She was 28 years of age, robust, had borne 2 children, the first of which was still born at full term, and after a severe labor, the second also still born, but after a premature labor at 7 months; at this second time she was in labor only four hours, and suffered but little. Such were the only facts I was able to ascertain, and they by no means account for the adhesions of the vagina.

The rule of conduct to be adopted in cases similar to the present, is an interesting subject for consideration. The division of the adhesions, when they come to be pressed upon by the child's head, is the course which would most generally be preferable. There might, however, be a case in which the time of performing this would be difficult to select, where, as in the present instance, there was doubt in the mind of the practitioner if the full term of gestation was passed, which would induce him to defer it. Even if performed, the operation might not save the life of the patient. A case similar to this is recorded by Dr. Lombard, of Geneva, in which death from rupture of the uterus took place, although an attempt was made to separate the adhesions.

The removal of the child by the Cesarian section would have been admissable immediately after the rupture, if the physician had been present and recognized the accident at the time of its occurrence; but the small size of the canal of the vagina at the point of its contraction, would, by preventing the discharge of coagula and of the lochia, have favored the passage of these into the peritoneal cavity, and thereby have rendered the operation most hazardous. It is probable, therefore, that in this instance the advice of Hunter, Denman and others, (which they extended

to all cases of rupture of the uterus,) viz: to leave the case to nature, deplorable as was the result, was the best that could have been adopted.

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*Alcoholic Odour detected in serous effusion in the Ventricles of the Brain.* By L. BRADLEY, M. D., of Elgin, Kane Co. Ill.

On the 6th of February last, Doct's. J. & E. Tift, of this village, with myself, were summoned before a Coroner's inquest, holden upon the dead body of Samuel Page, for the purpose of examining the body, and giving testimony in the case.

It appeared, from the evidence before the jury, that the deceased was found about two miles from this village, in his wagon, with his feet hanging over the fore board, his body resting upon a bag of grain, and his head upon the bottom of the wagon. He was totally insensible, as if in deep and heavy sleep; his breathing was stertorous and difficult. He was taken to a neighboring dwelling, where he expired in about ten minutes.

He had, a short time previously, left a "grocery" in this place, where he had been drinking freely; had been on a journey for some days, on his way to Iowa, and had been in the habit of drinking two or three times a day on the road, but was not an habitual drunkard. He left the "grocery" partially intoxicated, without mittens, or any other extra over-clothes, though the weather was somewhat below freezing point. He was a hardy, rugged man, plethoric and robust, with ample chest and a thick short neck.

#### INSPECTION.

Upon opening the cranium, about six hours after death, dark fluid blood poured rapidly from the sinuses, to the amount of eight or ten oz.—The brain exhibited excessive vascular turgescence; in the corpora striata, a small amount of sanguineous extravasation was detected, and in the lateral ventricles, some serous effusion.

The medical witnesses agreed, in expressing their opinion, that the deceased died of apoplexy, caused by an intemperate use of stimulating liquor, and exposure to cold, superadded to a strong predisposition of the system to that disorder.

The verdict of the jury was, "death by apoplexy, caused by intemperance."

The circumstance, and, indeed, the only one, that I have thought rendered this case worthy of particular note, was the fact, that



ful examination, the margins of the rent were found to be rough and ragged, numerous large vessels were seen upon the torn surfaces, which were quite empty, and many fibres were attached to them drawn out from the opposite sides, which, to the unassisted eye, appeared like those of a muscle which has been for some time macerated in water. The wall at the side of the opening was an inch in thickness, and presented no trace of any former disease. The cavity of the uterus contained a small coagulum. The closure of the vagina was found to be perfect, with the exception of a canal through which a quill of small size might be forced, the orifices of which were obscure. The septum itself was very dense, and composed of the fibrous tissue of cicatrix.

In regard to the previous history of this individual, but little accurate information could be obtained. She was 28 years of age, robust, had borne 2 children, the first of which was still born at full term, and after a severe labor, the second also still born, but after a premature labor at 7 months; at this second time she was in labor only four hours, and suffered but little. Such were the only facts I was able to ascertain, and they by no means account for the adhesions of the vagina.

The rule of conduct to be adopted in cases similar to the present, is an interesting subject for consideration. The division of the adhesions, when they come to be pressed upon by the child's head, is the course which would most generally be preferable. There might, however, be a case in which the time of performing this would be difficult to select, where, as in the present instance, there was doubt in the mind of the practitioner if the full term of gestation was passed, which would induce him to defer it. Even if performed, the operation might not save the life of the patient. A case similar to this is recorded by Dr. Lombard, of Geneva, in which death from rupture of the uterus took place, although an attempt was made to separate the adhesions.

The removal of the child by the Cæsarian section would have been admissible immediately after the rupture, if the physician had been present and recognized the accident at the time of its occurrence; but the small size of the canal of the vagina at the point of its contraction, would, by preventing the discharge of coagula and of the lochia, have favored the passage of these into the peritoneal cavity, and thereby have rendered the operation most hazardous. It is probable, therefore, that in this instance the advice of Hunter, Denman and others, (which they extended



to all cases of rupture of the uterus,) viz: to leave the case to nature, deplorable as was the result, was the best that could have been adopted.

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*Alcoholic Odour detected in serous effusion in the Ventricles of the Brain.* By L. BRADLEY, M. D., of Elgin, Kane Co. Ill.

On the 6th of February last, Doct's. J. & E. Tift, of this village, with myself, were summoned before a Coroner's inquest, holden upon the dead body of Samuel Page, for the purpose of examining the body, and giving testimony in the case.

It appeared, from the evidence before the jury, that the deceased was found about two miles from this village, in his wagon, with his feet hanging over the fore board, his body resting upon a bag of grain, and his head upon the bottom of the wagon. He was totally insensible, as if in deep and heavy sleep; his breathing was stertorous and difficult. He was taken to a neighboring dwelling, where he expired in about ten minutes.

He had, a short time previously, left a "grocery" in this place, where he had been drinking freely; had been on a journey for some days, on his way to Iowa, and had been in the habit of drinking two or three times a day on the road, but was not an habitual drunkard. He left the "grocery" partially intoxicated, without mittens, or any other extra over-clothes, though the weather was somewhat below freezing point. He was a hardy, rugged man, plethoric and robust, with ample chest and a thick short neck.

#### INSPECTION.

Upon opening the cranium, about six hours after death, dark fluid blood poured rapidly from the sinuses, to the amount of eight or ten oz.—The brain exhibited excessive vascular turgescence; in the corpora striata, a small amount of sanguineous extravasation was detected, and in the lateral ventricles, some serous effusion.

The medical witnesses agreed, in expressing their opinion, that the deceased died of apoplexy, caused by an intemperate use of stimulating liquor, and exposure to cold, superadded to a strong predisposition of the system to that disorder.

The verdict of the jury was, "death by apoplexy, caused by intemperance."

The circumstance, and, indeed, the only one, that I have thought rendered this case worthy of particular note, was the fact, that

devoted to the subject, where the officers have all the advantages of experience, and the best means of acquiring information."

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ADDRESS ON INSANITY AND THE ESTABLISHMENT OF A LUNATIC ASYLUM. Delivered Dec. 25, 1843, in the M. E. Church, before the Committee of the House of Representatives on Education, and the public. By JOHN EVANS, M. D., of Attica, Ia.,

The object of this address, as intimated in its caption, is to direct public opinion to the wants of the insane in the State of Indiana, and to call the attention of the Legislature to their proper relief.

The "Address" gives a rapid sketch of the history of the treatment of lunatics, and "a synopsis of the important points of the *moral treatment*." It also makes strong appeals to the humanity of the citizens and the policy of the Legislative authorities. The impossibility of benefit to the insane under the existing laws of the State, is ably shown. Only pauper lunatics are provided for, and those only in a way without possibility of effective treatment.

A calculation from data, derived from authoritative sources, shows that \$30,000 would be sufficient to build and furnish an Asylum for the accommodation of 100 patients. "A tax of one cent upon \$100 valuation of property in the State, would raise the amount in three years." After this, Dr. E., remarks: "There is no question up whether we will take care of our lunatic paupers or not, nor whether a tax shall be laid for that purpose, for we cannot avoid either, as the counties must provide for them at the expense of the public, if the State does not. And how it is attended to by the counties we have already seen. The only question is, will we adhere to the present yet *miserable* plan, or will we adopt the one dictated by the strongest considerations of economy, and the purest principles of humanity."

We have quoted the above, as it is equally applicable to the condition of things in the State of Illinois. The only provision for the insane of this State, is in "An act regulating the estates of Idiots, Lunatics and persons distracted, and for other purposes," approved Feb. 12, 1823. In this act, (Sec. 6.) provision is made for constraint and maintainance, but none for *cure*. In Dr. Evans' address, we find quoted the authority of "Dr. Woodward, of the Massachusetts Lunatic Hospital," who "demonstrated that the average cost of maintaining 25 recent cases, both before they entered and during their residence in the Hospital, was \$50 each, while that of supporting as many of the oldest cases was \$1903 each." "This shows," (we quote from the address,) "a difference of more than thirty dollars to one in favor of curing cases, instead of keeping them on hand." It is to be hoped that a due consideration of these facts will cause medical gentlemen to urge, and the Legislative bodies in Illinois, to effect a reform



in these respects, a reform called for by humanity and policy. We would be glad to see Dr. Evans' address widely distributed, and generally read.—ED.

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*Review of a Pamphlet, entitled "PHYSIOLOGY VINDICATED in a Critique on Liebig's Animal Chemistry. By CHARLES CALDWELL, M. D." By ROBERT PETER, M. D.*

In this Review, the prejudices and antiquated views of the venerable Professor, who is the author of the "Critique," are viewed through the clear medium of modern science. The opening sentence of Dr. Peter, will explain more accurately than we could do, the design of the Review.

"The avowed design of the author of the pamphlet in hand, as given in his preface, is "*conservative* rather than *promotive*—to prevent the science of physiology, in whose behalf it was conceived and resolved on, from being *injured and degraded*, rather than actually to IMPROVE and ELEVATE it;" and the belief that its publication will *not* tend to improve and elevate knowledge in general, or any branch of science in particular, but that it will rather injure and degrade; with the conviction that it is my duty to oppose, to the extent of my abilities, all such tendencies, from whatever quarter, is the strong reason which urges me to offer the following remarks to the medical public."

The Review is spirited, and shows in the Professor, without any appearance of design, depth of research upon the subjects discussed, and a zeal for the advancement and elevation of the science which he defends.

The "Critique" of Dr. Caldwell has never come into our hands, but from the extracts given, it is evident that the reviewer has the stronger side of the question, nor has it lost ground in his hands. It must be confessed that Dr. P. handles his opponent "without gloves;" witness the following extract:

"In undertaking, in the present instance, the disagreeable task of exposing error, many motives are presented to induce me to prefer the ease of silence. The venerable age and acknowledged standing of the author; the untiring ability with which he wields his pen, and the most ready use of argument to sustain his positions, so as often to make the "*worse appear the better* reason;" the consideration that the work which he attacks in the present pamphlet, cannot be put down by a mere clash of logical arms, by the most ingenious mis-statement of its propositions, nor the strongest array of perverted or misquoted facts; the belief that any man of sense, or of clear unbiassed judgment, who had studied the productions of Liebig, would at once, without my assistance, perceive the injustice done to truth, logic, and that author, in the pamphlet of Professor Caldwell; and lastly, but not least, the fact, that in the performance of the task I have assumed, I shall be obliged to convict the Professor, not only of



practical adherence to the old mode of philosophizing, namely, that of the school of Aristotle, but also of wilful or ignorant misconstruction of facts and arguments; and, what is more disagreeable, I shall be forced to expose, in his production, an amount of ignorance of science in general, and even of physiology, whose cause he undertakes to *vindicate*, and of which he has been professedly a teacher for so great a number of years, as would disgrace a tyro, and must appear incredible to the common observer."—ED.

## GENERAL INTELLIGENCE.

### MEDICAL CLASSES—SESSION 43, '44.

	No. of Students.	No. of Graduates.
University of Pennsylvania.....	424.....	148
Jefferson Medical College.....	341.....	117
Louisville Medical Institute.....	242.....	47
Transylvania University.....	214.....	59
Med. College, State of South Carolina.....	224.....	82
Medical College of Ohio.....	185.....	36
Geneva Medical Institute.....	195.....	44
College of Physicians & Surgeons N. Y.....	182.....	32
Albany Medical College.....	108.....	—
Harvard University, Boston.....	150.....	17
Kemper College.....	90.....	27
Yale College.....	60.....	18
Totals.....	2415.....	627

The number of graduates in the University of the city of New York, was 93; in the Medical College, Richmond, Va., 24: but we have not been able to ascertain the number of students in either of these institutions. From the University of St. Louis, we have heard nothing. In the Rush Medical College of our own city, the number of matriculants was 22,—one only graduating. The organization was effected *but a few weeks* previously to the opening of the Session.—ED.

NOTICE TO READERS AND CORRESPONDENTS.—We are indebted to Prof. MEEKER, of LaPorte, Ia., for a communication on the "Epidemic Erysipelas, as it occurred in LaPorte co. Ia.," We regret that we are obliged to postpone its insertion to our next number.

The MEDICAL EXAMINER has been received from the commencement of the vol. to the latest dates.

The MEDICAL NEWS we have also received from Jan'y. to the last No.

The CYCLOPEDIA OF PRACTICAL MEDICINE, Part I. we regret to say, arrived too late to be properly noticed in our present number.

ILLINOIS  
MEDICAL & SURGICAL JOURNAL.

VOL. I.

JUNE, 1844.

NO. 3.

EPIDEMIC ERYSIPELAS, CALLED "BLACK TONGUE."

*Continued from page 22, last No.*

The *prognosis* of the disease, according to Drs. Hall and Dexter, "was governed, as in other disorders, by the age, sex, and condition of the patient, the organs and textures affected." When the skin was the seat of the disease, without affection of the subcutaneous cellular membrane, the cases were mild: the strongest constitutions would, however, give way before the extensive burrowing of the suppurative process, and the sloughing which usually followed the affection of the latter tissue. "The most fatal results, for the most part, were to be anticipated in the affection of the internal organs, particularly the bowels and uterus, and when the epidemic might be said to be at its height, not one in seven escaped, who had disease of the last mentioned organ."

The connection of erysipelas with *puerperal peritonitis* is clearly proved by the testimony of all who have observed this epidemic. Cases are related also, showing that the contagion is communicated to females who, during labor or confinement, are attended by physicians having under treatment patients affected with erysipelas. Whether communicated by the hand or clothes of the physician is not determined. The practical caution however is readily deducible, either to refuse to attend women in the puerperal state, during attendance upon cases of erysipelas; or at least, previously to change every article of apparel and perform personal ablutions to the fullest extent.

The fatality attending this epidemic, among females, renders every precaution of this kind imperative. "In the county of Caldonia, Vt., thirty cases of puerperal peritonitis occurred, *only one of which* recovered! And in Bath, N. H., containing a population of 1500 or 1600, twenty mothers died from puerperal peri-



tonitis, and about forty with erysipelas." (Hall & Dexter, loc. cit.)

Post mortem examinations have been few, physicians having been deterred therefrom, by the death of several, consequent upon wounds received during dissection, and the narrow escape of others who contracted the disease from the same cause. In the few examinations reported, to which we have had access, death had occurred from inflammation of internal organs. In three cases in which the disease was seated in the abdominal cavity, the peritoneum was much injected and dark colored, in one instance with patches resembling gangrene. Serous effusions of a foul character had occurred to some extent in two of the cases, and in the third in which the patient died of puerperal peritonitis, "two quarts and a pint of pure pus were removed from the abdominal cavity, and every other organ exhibited signs of intense inflammation, excepting the uterus," which was free from disease and merely contained small coagula.

Cases have occurred in Chicago and its neighborhood, during a few months past, showing a tendency in inflammatory diseases, to assume a form similar to this epidemic. One case occurring in town, in the month of March, was in almost every symptom identical with cases mentioned by Drs. Hall and Dexter. In a family resident eight miles N. W. of the city, the disease assumed three different appearances noticed as simultaneously occurring wherever the epidemic has prevailed. The father was attacked with erysipelas of the face and neck, the oldest child, aged 12, had an abscess in the axilla, which upon being opened discharged a large amount of pus, a younger child had a similar tumor which was dissipated without discharging externally, and the mother who was confined during the illness of her husband was seized with puerperal mania in its most malignant form.

In the *treatment* of this disease much discrepancy is found in the accounts of the different observers, principally however with regard to the propriety of bleeding in the early stages. Dr. Jewett of Caledonia, Vt., strenuously condemns bleeding, and even doubts the propriety of the early administration of emetics and cathartics. Stimulating diaphoretics, counter-irritants, with anodynes when there was much restlessness, form the principal part of his treatment. "In many cases," he remarks, "and especially those where external erysipelas prevailed, and in some others an early resort was had to sulph. quinine, carbonate ammonia, camphor, and in some few cases, wine or the more active alcoholic stimu-



lants were used with benefit." Drs. Hall and Dexter recommend bleeding and other antiphlogistic agents as strongly as others condemn the same practice. We quote their opinions.

"We have said that the disorder proved less fatal when confined to the mucous surfaces, than when transferred to any of the other structures. If such be the case, our efforts should be exerted to relieve the congestion of these surfaces, and to restore the circulation to its natural state as soon as possible. Can this be done by stimulating diaphoretics alone, without the aid of other depletion?"

"We doubt not this has been done, when the affection of this membrane has been merely local, without any constitutional participation. But when in connection with this state of the membrane of the throat, we have extreme heat of skin; full, bounding, and frequent pulse; violent pain in the head, back, and limbs, and extreme thirst, there can be no doubt what course we should pursue. Bleeding, prompt and efficient bleeding is in such a state the only remedy to be depended upon, and in our hands the only one which has succeeded.

"A delay of a few hours in such a condition of affairs is fatal. Full bleeding, reducing the action of the heart and arteries, followed by either an emetic or cathartic, has rarely failed in our hands of arresting the disease, when applied in season. And not in a few cases where there has been but little affection of this membrane, but much efflorescence upon the skin, has one bleeding arrested the disease, and the patient become convalescent in a few days.

"These are the important aids to be depended upon, under the condition of circumstances mentioned; not, however, to the exclusion of those remedial agents which serve to carry out still farther the intention of such treatment. After bleeding, either a cathartic or emetic, followed by the pulvis Doveri cum antimonialis, and the free admission of mucilaginous drinks, and in those cases where there is much biliary disturbance, ipecac. combined with calomel, rarely fails to accomplish a cure. These indications are to be immediately acted upon. Erysipelas, like typhus, has its inflammatory stage, as well as a stage of collapse, and our efforts should be directed to arresting the disease before the period of collapse ensues. The great object of equalizing the circulation and restoring the vital energies of the system, may have been effected by sudorifics alone. But should we depend in the onset of typhus on sage tea, Dover's powders, and profuse perspiration?"

In Indiana, the same subject was discussed. Dr. Sutton is of opinion that bleeding from a large orifice was of great benefit, from the shock which it produced upon the system. He says, "A large blood-letting *from a small orifice* seldom failed to pro-

duce injurious effects, neither did patients bear a second venesection well, particularly in the pneumonia." He further says upon this subject, "If there has been any remedy in the course of treatment, that has caused this disease to be less fatal in this neighborhood than it has in other parts of the country over which it passed, it has been the prompt exhibition of an emetic, after venesection, making a decided impression upon the disease at its very onset, without prostrating the system. After this, calomel, opium, and antimony, in combination, followed by gentle laxatives, antimonial solutions, blisters, mucilages, and a light diet, was the principal course of treatment." Dr. S. remarks, upon the use of mercury, that a few doses generally filled the indication, and that great caution was necessary to avoid ptyalism, which he believes to have been almost invariably attended by injurious consequences.

These diverse opinions can we think result only from the fact, that in some sections the disease was more essentially typhoid in its character than in others. In the stages of collapse, all the writers upon the subject recommend, as a matter of course, resort to the diffusible stimuli, tonics, and nourishment.

The topical applications recommended, when the skin is the seat of the erysipelatous inflammation, are various, and appear to have met with varied success. Solutions of muriate of ammonia, nitrate of silver, sulphate of iron, sulphate of copper, iodine, blisters, acupuncture all produced in some cases good effects, and in others completely failed to check the progress of the disease and prevent its ranging the whole surface. No treatment seems to have been effective in preventing suppuration or checking its advances when the cellular membrane was the seat of disease. In such instances all that remained for the physician to do was to evacuate the pus by incisions, remove the sloughs, and support the system.

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*Epidemic Erysipelas, as it occurred in La Porte County, Indiana.*

By D. MEEKER, M. D., of La Porte, Ia.

From brief notices, from different parts of the country, it appears that an epidemic erysipelas has been prevailing quite extensively in many of the Eastern as well as the Western States, for two or three years; assuming various names in different parts of the country, as "black tongue," "spotted fever," &c. It is not



my intention in this article to bring before the reader the pathology, symptoms, and treatment of this disease, as found in books of surgery or practice, but to confine my remarks to the history, symptoms, treatment, and progress of the disease, as it occurred in La Porte County, Ia. It made its appearance at Michigan City, La Porte County, in December last, where it still prevails, although its violence has very much abated; from this place it spread into other parts of the County, and into the adjoining County, St. Joseph, assuming rather a milder form. The mortality of the disease at Michigan City has been great, out of about 60 cases, about 30 proved fatal. (Though not greater than in many other places as in some where this epidemic has prevailed, nearly every case was fatal.) The commencement of the disease was generally characterised by lassitude, cold or chilly sensations; in severe attacks, the cold stage lasting for some time, followed by high arterial action. In many cases, some swelling of the tonsillary glands, with an efflorescent or inflamed appearance of the mucous membrane of the fauces existed, with a dryness of the tongue, which was covered with a dark brown coat, neuralgic pains in the situation of the lymphatic glands of the neck, axilla, and frequently of the lower extremities. The inflammation did not make its appearance upon the skin in many cases, until the second or third day, and sometimes not until a later period. In other cases, the internal organs became inflamed, without its making its appearance upon the surface at all.

It seemed to attack the mucous membranes with avidity, extending sometimes from the inflamed fauces to the mucous membrane of the stomach, causing a burning sensation in that region, vomiting, great tenderness upon pressure over the epigastric region, and in many other cases, the parenchymatous structure of the lungs was the seat of the disease. The pain in the chest was not acute but dull, with difficult respiration, and short dry cough, attended with constriction. In three cases, the mucous membrane of the ileum and colon was the original seat of the disease. In these cases the pulse was hard, wiry and contracted, with great distension of the bowels, and pain and tenderness upon pressure. The inflammation frequently made its appearance upon the ala of the nose, spreading rapidly over the face and scalp, attended with great swelling and distention, distortion of the countenance, and the eyelids entirely closed. Vesications, filled with a yellowish fluid, usually made their appearance upon the inflamed surface about the second



or third day. The face and scalp was the most common seat of the disease, although in some cases the superior or inferior extremities became inflamed, attended with great effusion of serum into the cellular membrane. In some instances, the inflammation was of a phlegmonous character, sometimes superficially seated, when it was attended with less constitutional disturbance than the more deep seated variety. It seemed to spread with greatest rapidity in damp weather. It also attacked nearly all puerperal females, not more than one escaping in ten cases at Michigan City. They were invariably attacked with a chill after the termination of labor, some as soon as six hours, others as late as the second day.—There was great tenderness upon pressure over the region of the uterus, which organ could be distinctly felt through the parietes of the abdomen, very much enlarged. In some of these cases of puerperal erysipelas, the inflammation involved the vagina and external organs of generation. The symptoms were generally as follows :

General lassitude, rigors, neuralgic pains, soreness, and swelling of the tonsils, stiffness of the muscles of the part before inflammation made its appearance on the surface, a disposition to spread from point to point, increased arterial action, pulse hard and rather contracted, frequency from 100 to 120, and all cases attended with more or less bilious derangement. The most successful plan of treatment consisted in bleeding from the arm until a decided impression was made upon the system. This followed by a full dose of calomel, and if necessary, some saline laxatives, or *ol. ricini* was given to quicken the operation. This cathartic seldom failed to bring copious discharges of bilious matter from the bowels.

It was seldom necessary to repeat the bleeding, except when the lungs or some other of the internal organs were involved in the inflammation. Alteratives combined with diaphoretics—such as a combination of *ipecac.* and calomel—with gentle laxatives, after the force of the disease had been broken down by more active means, was the course usually pursued. The local applications found to be most beneficial, were the nitrate of silver and blisters. The blistering, no doubt, affords more prompt relief than any other application. By it we unload the cellular membrane of the effusion which has taken place, more effectually than by any other means. After vesication had taken place, the blistered surface was dressed with the warm water dressing, or some

other calculated to promote the discharge of serum. The nitrate of silver, applied to the inflamed surface by penciling the part, or in strong solution, affords a prompt and effectual method of arresting the inflammation, which is sometimes so rapid as not to be arrested by any milder means. In such cases, it should be applied by dipping the stick of caustic in water, and applying freely over the inflamed surface, or by completely encircling it by running the pencil round its edges. I have used the iodine in one case, and it arrested the progress of the inflammation almost instantaneously. It may be used in the form of ointment, on a saturated tincture sufficiently strong to act upon the skin promptly; in short, all local applications should be sufficiently powerful to excite an inflammation in the sound skin and subcutaneous cellular membrane, before the disease reaches that point. We thereby exchange an inflammation which is prone to spread from point to point, until it invades the whole surface, for one which is simple and healthy in its character, and perfectly under our control.

When the inflammation was more deeply seated, suppuration of the cellular membrane was the most usual termination. In such cases free incisions into the diseased part were necessary to give free exit to the matter, and some emollient poultice applied to promote the discharge. In cases attended with much oedema of the extremities, giving a doughy feel, incisions or punctures, as recommended by Mr. Liston, may be resorted to with beneficial results. In order to illustrate this subject more fully, I will give a few cases from recollection. Miss W., aged 13 years, of good constitution, was taken on Friday with chilly sensations, pulse small and hard, pain in the abdomen, tenderness upon pressure, with considerable febrile disturbance. Dr. C. Palmer, the family physician, was called in, and the patient bled and a dose of calomel given, which operated without giving much relief. On Saturday she was again bled, a large blister applied to the abdomen, and she was put upon alterative doses of calomel, ipecacuanha, and morphine. I was called on Sunday in consultation, found the tenderness of the abdomen somewhat diminished, pulse fuller than before last bleeding, bilious discharge from the bowels, and erysipelatous inflammation making its appearance upon the nates, spreading to the vulva. The inflamed surface upon the nates was covered with blisters, which arrested the spreading of the disease, a strong solution of the nitrate of silver to the vulva, powders containing 2 grs. calomel,  $\frac{1}{4}$  gr. ipecac every 3 hours, and a sufficient quantity of morphine



to control the bowels was given, or laxatives if necessary to quicken the operation. About the time the inflammation appeared upon the surface, the tenderness and distention of the abdomen entirely disappeared and the patient gradually recovered.

In a few days the father was taken nearly in the same manner as the daughter, with all the symptoms much aggravated, together with retching and vomiting. The same course of treatment was pursued as in the other case. As nearly as I recollect, the patient died on the tenth day. A postmortem examination exhibited the following appearance. Mucous membrane of the ileum and colon in a high state of erysipelatous inflammation approaching to gangrene, the peritoneum not being involved in the disease. I would here remark, that so far as my observation extends, I have not seen any cases where the serous membranes were involved in this disease.

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*On Compression of the Aorta as a remedy for Uterine Hemorrhage after delivery.* By DANIEL BRAINARD, M. D.

Dec. 11, 1843, at 1½ o'clock P. M., I was called to visit Mrs. E. D. G., a highly respectable lady of this city, in labor with her first child. She is a person of delicate habit, and was subject, during several years, to a "spinal complaint" and loss of motion of her limbs, which of late has disappeared, and she has enjoyed good health. On examination, found the pelvis well formed, the vertex presenting, os uteri thick and rigid and little dilated, pains severe and regular. At 7 o'clock P. M., the os uteri began to dilate; and at 1 o'clock on the morning of the 12th, a full sized male child was delivered, the placenta immediately following. At this time I placed my hand upon the abdomen, and felt the uterus contracted.

In about fifteen minutes the patient complained of faintness; and on going to the bedside, I perceived that a profuse hemorrhage had occurred. The use of cold applications and pressure upon the abdomen were immediately resorted to, but the uterus was flaccid, and only contracted from time to time sufficiently to throw off the coagula. The *tampon* was carefully introduced, and Tinct. Ergot, 2 drachms, administered every twenty minutes until 6 drachms had been given. The flowing being still profuse, the fainting constant, with pallor and coldness of the skin, I became alarmed for her safety, and determined to apply pressure



upon the abdominal aorta, and was somewhat surprised to find that it could be effected so as entirely to interrupt the circulation in the vessel, without the slightest inconvenience, or pain to the patient. The intestines having been pressed upward and backward by the gravid uterus, when the latter contracted, a space was left in which the vessel might be compressed with much greater facility than can be the femoral artery, where it passes over the pubis.

The immediate effect of the application was as delightful as possible; in about twenty seconds the pulsations, from having been weak and scarcely perceptible, became regular and strong, the flowing ceased, color returned to the face, she said she felt well, and seemed quite unconscious of having been in a state of prolonged syncope. The nausea, before present, subsided and she asked for food. The compression was made with the ends of the fingers, the knuckles, a wallet, or the ulnar side of the hand; was continued one and a half hours without interruption, excepting for a few seconds, on changing the mode of making it, when the patient relapsed into a state of syncope, but immediately revived on its re-application: at the end of this time the uterus was contracted so that it was discontinued.

Pressure of the aorta as a remedy for uterine hemorrhage after delivery, or in cases of syncope, was, it is said, first suggested by the elder Baudelocque, but it is only of late that it has been reckoned as one of the resources of art against these accidents, by the profession at large. My object in offering the above case to the notice of the profession, is not only to make it known to them, but also to recommend its use *in the first instance*, and in connexion with frictions, pressure upon the uterine region, &c., instead of deferring it, as was done in this case, until all other remedies had been tried in vain. In cases of protracted syncope, the system is insensible to the action of astringents, ergot, &c., the stomach is often nauseated; in these cases compression restores the functions of the nervous system, and relieves the nausea, thereby enabling us to obtain the action of other remedies for the permanent relief of the accident. The above case will illustrate the good effects of this means, in this state of the system, especially when resulting from loss of blood; the manner in which it acts, and the cases in which it is applicable, will, however, readily suggest themselves to the reflecting practitioner, and need not therefore be further dwelt upon in the present paper.

Chicago, June 1, 1844.

*Dislocation of the Shoulder, of eight weeks standing, reduced.* By  
DANIEL BRAINARD, M. D.

Elisha Pratt, of Deer Grove, Ill., aged 43 years, of relaxed habit, came to me, May 5th, 1843, with an unreduced dislocation of the left shoulder, of 56 days standing. The head of the humerus was situated before and on the inner side of the glenoid cavity, resting against the coracoid process of the scapula and was distinctly felt with the hand in the axilla. The natural roundness of the shoulder was lost; there was a depression beneath the acromion process; the elbow was carried from the side, and the movements of the member limited, in a word the existence of the dislocation was easily recognized. The patient desiring its reduction, it was attempted and performed in the following manner: He was placed upon his back on a low table, extension made with the pulleys, from a roller passed about the arm above the elbow, counter-extension being made by a long band passed around the thorax under the axilla and secured by a narrower piece of linen tied over the scapula. The pulleys, and the counter-extending band, were fixed to staples in the walls. The force was applied in such a direction as to draw the arm horizontally, and at a right angle with the trunk. For the purpose of relaxation of the system tart. ant. et potass was administered to nausea, and when the extension was commenced, a vein in the arm was opened and blood drawn to approaching syncope. As soon as extension had been commenced, the arm was rotated freely and the head of the humerus pressed in different directions, in order to break up its newly formed attachments. These gradually gave way, the sound from their separation being sufficiently loud to be perceived by all the assistants. The force required to change the position of the bone was very considerable; at length, however, this was effected, sufficiently so at the end of 55 minutes to allow of its replacement in the socket, which was effected by suddenly detaching the pulleys, and bringing the elbow to the body while the knee was in the axilla. A pad was then placed in the axilla and the elbow retained at the side by a roller.

Some ecchymosis and inflammation were present the next day, for which evaporating lotions were applied and a saline purge administered. At the end of a week he returned home, the swelling having subsided, and the bone having no tendency to displacement, the elbow however was still kept in a sling, and the patient cautioned against extended movements of the limb.



The question of the propriety of efforts at reduction of ancient dislocations, especially those of the superior extremity of the humerus, is one which must present itself occasionally to every surgeon in extensive practice, and for the satisfactory solution of which the records of the science do not as yet contain a sufficient number of well observed facts.

Thus there are numerous cases of reduction after a lapse of several weeks, or even months, without serious effects, Dupuytren succeeded in reducing them at 49, 51, 60, 82, 90, and even at 92 days. But he refused to attempt the reduction after two years, and advised the patient not to admit of such efforts. Sir Astley Cooper also reports cases of successful reduction at advanced periods, but limits the time at which they may be judiciously made to three months.

M. Sédillot reduced a dislocation under the spine of the scapula of one year's standing. Cases of reduction after two or three months had elapsed, are very numerous and have occurred in the practice of Physic, Dorsey, Gibson, &c., of our own country. After nearly six months, in that of Dr. McKenzie, of Baltimore, Mr. Kirby, of Dublin. It might be supposed that these authorities and cases were sufficient to determine the question. But on the other hand, we find the opinion of Boyer to be that "it is very rare that at the end of a month a dislocation, even of an orbicular articulation will be found capable of reduction." "Although we may have reduced some at the end of six weeks, two months, or even a longer time, we are far from thinking that these rare and happy cases can serve as a general rule." We find in confirmation of this opinion, that such efforts in the hands of the most eminent surgeons, have often, probably in a large majority of cases, been unsuccessful, and they have desisted from their efforts as soon as these had been carried as far as prudence would permit.

Where efforts were persevered in, after well directed force failed for a length of time to remove the bone from its situation, the results have been often injurious, and in some instances fatal. Thus, a case has come within my knowledge, of extensive laceration of the skin, without movement of the dislocated bone, several of extensive ecchymosis and inflammation, and the cases on record, of this kind, are numerous. Instances of rupture of the muscles, tendons, arteries or nerves, followed by loss of the functions of the member, or by death, are not wanting. In a case of eleven days standing, the bone was replaced, after two trials, by

Mr. Leudet, the axillary artery was ruptured and the patient died. In the second case reported by Flaubert, the axillary plexus of nerves was believed to have been injured, and in another, this plexus was found to have been torn from the spinal cord. A case in which the axillary artery and muscles were ruptured, is mentioned by Charles Bell, and one by Sir Astley Cooper, in his work on Dislocations. Another, in which the artery was in the same state, occurred in the practice of Delpech. Velpeau, in a clinic at La Charité, April 4, 1840, stated that a similar case had occurred at Paris, and if I am not misinformed, one has since occurred in that city, under the care of this distinguished surgeon himself. The two cases of Prof. Gibson, in both of which the artery was ruptured, in which death resulted, are familiar to the profession in this country. To all these cases, may be added another which occurred in this city in 1840. After violent and unsuccessful efforts to reduce a recent dislocation of the shoulder, inflammation and gangrene ensued; amputation at the scapulo-humeral, articulation was performed and the patient died during the operation. In this case there was reason to impute the death to want of skill on the part of the surgeon. It will thus be seen that eleven cases of death, or serious injury from attempts to reduce dislocations of the shoulder are easily found on record. It is probable there are several others which have not come within my knowledge.

Before concluding, it may not be useless to glance at some of the circumstances which should influence us in making attempts at reduction.

1. The extent of the injury. Ill effects are less liable to follow efforts at reduction of a simple dislocation, than one complicated with extensive injury of the surrounding parts. The difficulty and danger are much greater where inflammation has followed the accident.

2. The age and state of the patient. In old persons, and those of enfeebled constitutions, adhesions are not formed so easily as in the young and vigorous. In these latter too, the resistance of the muscles is more prompt and powerful.

3. The extent of the displacement. When the head of the bone is far removed from the socket, or if the limb is greatly shortened, the difficulty and danger are much greater than when the displacement is slight. It is probable that the state of the member in regard to mobility has an influence; when it can be freely rotated and extensively moved, the chances of success are



more numerous than in the opposite conditions. Taking all these circumstances into consideration, an opinion may be formed with considerable certainty, of the result of an attempt at reduction. There are other circumstances, however, which can only be ascertained by a trial; and if on the application of a certain degree of force, the head of the bone does not move, if on making the movements of rotation, and pressing it in different directions, the adhesions do not yield, it is better to leave the case to the efforts of nature, for restoration of the usefulness of the member.

I am much indebted to Dr. B. P. Crossman, of Galena, Ill., for his assistance in the reduction of the above dislocation, without which, I might have had much more difficulty in effecting it.

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## PRACTICAL MEDICINE, &c.

*Tic Douloureux of the Face and Head.*—M. Ducros recently communicated to the Academy the details of some well marked cases of this distressing disease, which were rapidly cured by the use of strong ammonia, applied to the palate, gums, &c., with a camel-hair brush, so as to occasion a profuse discharge of tears and saliva. He requested the physicians of several of the metropolitan hospitals to repeat his experiments on a large scale; and the results of their trials have been, he says, most satisfactory.

(The strong Aqua or Liqueur Ammoniacæ, taken internally, will be found to be a most valuable remedy in many cases of neuralgic suffering about the face and head, odontalgia, severe nervous headache, &c. The best mode of administering it is to mix from 20 to 40 drops in a cupful of very thick gruel, and to take this at bed-time, or whenever the paroxysm of pain is present. The ammonia must be well blended with the gruel, else it will irritate very painfully the inside of the mouth and throat. It should produce profuse salivation and lachrymation. In very severe and obstinate cases, it may be applied outwardly at the same time.)—*Med. Examiner, from Medico-Chirurgical Review.*

We subjoin some remarks of Dr. Watson, upon the same subject.

Mr. Abernethy used to relate, in his lectures, many instances of tic which he had been successful in curing by measures which were solely directed to the improvement of the stomach and bowels. He had a notion, that in patients who suffer under this disorder, there were always two functions wrong; those of the nervous system on the one hand, those of the digestive system on the other. And I am sure you will commonly find indications of a faulty state of both these systems. “The two,” he used to say, “were the common parents of a numerous progeny of very dis-

similar local diseases. In tic douloureux, you must seek to put the digestive organs right, or to soothe the nervous system, according as the one or the other may seem to be the principal and primary cause of the disease. Take away one of the parents, and there will be no more propagation."

In these cases, the unhealthy state of the digestive apparatus may be marked by obvious signs; a furred tongue, loss of appetite, costive bowels; or it may reveal itself by no other symptoms than the pain. It may depend upon the mere presence of acid in the stomach. Dr. Rigby tells us that having suffered in his own person an intense attack of tic douloureux, which opium did not assuage, he swallowed, at the suggestion of a friend, some carbonate of soda dissolved in water. The effect was almost immediate: carbonic acid was eructated, and the pain quickly abated. More often the cause of offence appears to lie in some part of the intestines; and purgatives do good. Sir C. Bell—drawing a bow at a venture, achieved the cure of a patient, upon whom much previous treatment had been expended in vain, by some pills composed of cathartic extract, croton oil, and galbanum. He mixes one, or two, drops of the oleum tigllii, with a drachm of the compound extract of colocynth; and gives five grains of this mass, with ten grains of the compound galbanum pill, at bed-time. I mention the exact proportions and dose, because other cases have been since reported, both by Sir Charles and others, in which the same prescription was followed with the same success.

When the disease occurs in a rheumatic individual, and especially when, as is sometimes the case, it alternates with rheumatism of other tissues, the remedies which have been found useful in rheumatism deserve a fair trial: guiacum; colchicum; calomel and opium.

When all has been done that can be done towards restoring or improving the general health, we may turn our thoughts to local remedies. It is plain that these must be inefficient when the local pain results from constitutional causes that are unredressed or perhaps incurable. Yet even then topical measures may soothe the pain for a while. \* \* \*

There is a kind of face-ache, which cannot properly be included as a species of neuralgia, for it does not occur in short stabbing paroxysms, nor is the pain acute enough to entitle it to the name of tic douloureux; but which is very common, very distressing, and under ordinary treatment sometimes very intractable. It is called often a rheumatic pain; it occupies the lower part of the face, the jaw principally, and the patient cannot say exactly whereabouts it is most intense. It is often thought to proceed from toothache, and bad or suspected teeth are extracted, but with no good effect. Now I allude to this for the sake of saying that some years ago I was told by an experienced old apothecary, that this face-ache might be almost always and speedily cured by the muriate of ammonia;—a medicine that we seldom give inter-



nally here, although it is so much used in Germany. And I have again and again availed myself of this hint, and been much thanked by my patients for the good I did them with this muriate of ammonia. It does not *always* succeed; but it *often* does. It should be given in half drachm doses, dissolved in water, or in almost any vehicle, three or four times a day. If the pain does not yield after four doses, you may cease to expect any benefit from it. In two or three instances of a similar kind that I have recently had to treat, I have found the iodide of potassium, in doses of five or six grains, work a speedy and permanent cure. This induces me to suppose that the pain in some of these cases is periosteal; judging from the ascertained efficacy of the iodide in other periosteal affections attended with pain.—*Watson's Lectures.*

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*Utility of Calomel in Typhoid Fever.*—Drs. Lombard and Fauchonnet, of Geneva, sum up an elaborate account of their experimental inquiries on this important point of practice in the following words:

“Calomel diminishes the mortality of typhoid fever, and renders all its symptoms less severe, more especially those that indicate a disturbance of the nervous centres. It tends to abate the danger of any thoracic complications supervening and without being able to check them altogether, it causes them to be less serious in their consequences, as well as less frequent in their occurrence. It modifies and corrects in a very remarkable manner the condition of the alvine evacuations, and usually serves to diminish any diarrhœa, if present, and to bring all the secretions to a more normal state. It rapidly cleanses the tongue, and renders it and the mouth less parched; it dissipates tympanitic distention and colicky pains of the bowels, and appears to exercise rather a serviceable than an injurious effect on the gastro-intestinal inflammation, which not unfrequently complicates typhoid fever.” Drs. L. and F. attribute the efficacy of calomel in this disease to its constitutional operation, rather than any direct effects which it may have on the abdominal viscera. They remark, that there is almost always a decided amelioration of the symptoms, when the gums become slightly effected with the mercurial irritation.

(The observations of these gentlemen are in accordance with the general experience of most medical men in this country. Mercury seems unquestionably to exercise a very marked, and, in most cases, a very serviceable influence on the course of typhoid fever. Its *modus operandi* is probably twofold; first, by correcting and evacuating the secretions of the bowels; and secondly, by altering and modifying the state of the circulating fluids, as well as the vital powers of the blood vessels themselves. A favorite preparation with many practitioners is the Hydrargyrum cum cretâ, either alone or in combination with carbonate of soda, ipecacuanha,

Dover's powder, &c. The use of this mercurial, at stated intervals—in doses of from four to eight grains, every six, eight, or twelve hours—with the exhibition of saline draughts between each dose, is, on the whole, by far the safest medication that can be resorted to in the majority of cases of low fever.)—*Med. Examiner, from London Medico-Chirurgical Review.*

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*Advantage of medicines in a liquid form.*—It has been found that fifteen grains of sulphate of quinine, given in infusion of senna, is more efficacious as a tonic, notwithstanding the purgative quality of the mixture, than twenty-four grains of sulphate of quinine administered in the form of pills. Panizza supposes the causes of this to be that the senna, by promoting the peristaltic action of the alimentary tube, and augmenting the secretion of the bowels, excites the production of a fluid adapted perfectly to dissolve the quinine; and that the quinine, in passing through the intestine in a state of solution, is placed in contact with a much larger extent of surface, and disposed for absorption much more readily than if taken in a solid form.—*Panizza, in L'Experience.*

*Braithwaite's Med. Ret., No. 8, p. 81.*

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## BIBLIOGRAPHICAL NOTICES.

*Cyclopedia of Practical Medicine.* Edited by JOHN FORBES, M. D., F. R. S., ALEXANDER TWEEDIE, M. D., F. R. S., and JOHN CONOLLY, M. D. Revised with additions. By ROBLEY DUNGLISON, M. D. Part I. Lea & Blanchard, Phila.

This is one of the most valuable works of reference that these well known publishers have issued for many years. Already a standard in England, it must become the same in this country.—“The work comprises nearly 300 *original essays* contributed by no less than 67 of the most eminent practical Physicians of Great Britain and Ireland, and among them many of the Professors and Teachers in London, Edinburgh, Dublin, and Glasgow, whose reputation conveys a high and just authority to their doctrines. Each subject has been treated by a writer of acknowledged eminence, whose particular studies have eminently fitted him for the task; and all the articles are authenticated with the names of the author.” Dr. Dunglison's additions, will, we doubt not, add much to the value of the work.

It will be comprised in twenty-four parts, (at fifty cents each,) one of which is to be issued every two weeks; so that the work will be completed during the present year.—ED.



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## CHOLERA INFANTUM.

THIS disease, so fatal in many portions of the American continent, is little known in Europe. Some writers upon the subject are indeed of opinion that it is exclusively American. Facts do not, however, appear entirely to carry out this view. A case is quoted by Dr. Horner,\* from M. Billard, which was evidently, from the symptoms and post-mortem appearances, a true case of cholera infantum. Symptoms analogous to those essential to this disease, are enumerated by Dr. Hope,† as precursory to inflammation of the brain, or its membranes,—a frequent termination of cholera infantum. The diseases known as “infantile gastric remittent fever,” “weaning brash,” “worm fever,” “bilious and mucous diarrhœa of children,” all appear to have some symptoms and pathological relations in common with this disease. The essential points of distinction will be noticed when we come to speak of diagnosis.

*Symptoms.* Cholera infantum is generally ushered in by diarrhœa of several day's continuance. Violent vomiting and purging follow, with griping, and spasmodic pains similar to those of the cholera of adults. Fever generally supervenes, with “a quick and feeble, or irritated and corded pulse; seldom full, strong, or voluminous.‡ There is usually an unequal distribution of temperature, the head and epigastric region being preternaturally hot, while the extremities are cold. Determination to the brain is a frequent symptom. This is, in some instances, of an active character, as denoted by increased sensibility, intolerance of light, injection of the conjunctiva, restlessness, and sometimes convulsions. In other cases, and most frequently in the later stages, the

\* American Journal of Medical Sciences, February, 1829.

† On Inflammation of the Brain. Tweedie's Library of Practical Medicine.

‡ On Cholera Infantum. Dewees on Children, Philadelphia, 1836, p. 415.

cerebral symptoms are those of depression, such as deficient animation, languor, drowsiness, or stupor, the little patient sleeping with the eyes half closed. The dejections are, for the most part, white, thin, and frothy, sometimes tinged with blood, and sometimes containing small lumps of fœcal matter, covered with mucus. Occasionally the evacuations have a greenish tinge, less often are yellow or brown. They are either inodorous, or extremely offensive. According to Dr. James Jackson, the natural odor of fœcal evacuations is never present. The rapidity of emaciation is a most characteristic symptom, and Dr. Brainard has mentioned paleness of the surface, depression of the umbilicus, and a contraction of the skin of the abdomen into transverse wrinkles, or folds, as of constant occurrence in his practice.

If relief is not obtained, and death does not occur in a few days, the symptoms of collapse supervene. The patient becomes somnolent, is difficult to rouse, fainting fits occur, the countenance is sunken and pallid, and death may occur, with all the symptoms of hydrocephalus, or the little sufferer may linger for weeks under the most aggravated circumstances, and finally recover. After the violence of the attack has abated, the symptoms may change into those of simple chronic diarrhœa, and require the same treatment.

The *prognosis* is exceedingly difficult. The reappearance of bile in the stools, with diminished frequency and increased consistency; of moisture upon the skin; the cessation of the fits of vomiting; improved appetite, and increasing cheerfulness and attention to surrounding objects, are favorable symptoms. Dr. Dewees (loc. cit.) mentions two symptoms which he esteems as invariably fatal: "The appearance upon the chest of a crystalline eruption composed of a vast collection of minute vesicles, apparently produced by flitting an equal number of minute drops of boiling water," and the crawling of a *live* worm from the throat. Dr. Chapman mentions the occurrence of a pink margin in the stools as a fatal sign.

*Diagnosis.* Cholera infantum differs from the cholera of adults in several particulars. It is more distinctly febrile, is often gradual in its approach, and is apt to be protracted in its course, and assume a chronic form, circumstances seldom seen in the latter. (Eberle.\*) It also exclusively attacks children between the ages of 2 and 24 months. It is distinguished from infantile

\* Practice of Medicine, vol. ii. p. 304.



gastric remittent fever, by the occurrence of the latter in children over 2 years of age (Dr. Locock\*); by the greater prominence of the febrile symptoms, by the regularity of the remissions, less frequent occurrence of cerebral symptoms and spasmodic pains, less rapid emaciation, and frequent constipation. From simple diarrhœa and dysentery, the gastric derangement, and the symptoms observed by Dr. Brainard, as mentioned above, will serve to distinguish it. The most difficult point of diagnosis, is between this disease and idiopathic affection of the membranes of the brain. The difficulty is enhanced by the fact that, in infants, we are obliged to rely upon the *objective* symptoms, the inability of the patient to communicate his sensations excluding us from deriving any information from the *subjective*. In cholera infantum, there is more apt to be tenderness upon pressure over the epigastric region and redness of the tongue, and the vomiting, though more obstinate, more readily yields to the proper remedies than in the case where the cerebral affection is primary. In the latter the evacuations are most frequently dark and offensive; in the former frequently colorless and odorless. Unless there has been diarrhœa previous to the violent attack, in cerebral affections, the bowels are mostly constipated; in cholera infantum, diarrhœa may be considered a constant symptom. For further discussion of this subject, I must refer the reader to the admirable treatise of Dr. Hope, above cited.

*Post-mortem Appearances.* The seat of the disease is located, by common consent, in the mucous coat of the stomach and bowels. Dr. Horner (loc. cit.) is of opinion, from numerous autopsies, that this affection is “rather a *follicular* than an *erythemoid* inflammation, that is, rather a disease of the innumerable mucous glands and follicles, extended from one end to the other of the alimentary canal, than a common vascular or erythemoid inflammation.” In the stomach and small intestines, particularly the duodenum, dark livid patches have been observed. (Dewees’ loc. cit.) According to the same author, the large intestines are seldom much affected; with this opinion Dr. Horner does not agree, for he remarks that ulcerations, though of rare occurrence, are more frequent in the large than the small intestines. The gall-bladder is sometimes distended, either with bile of a green color, or a fluid of a pale color like mucus; in one instance observed by Dr. Dewees, it was “filled with a fluid nearly as white as

\* Tweedie’s Lib. Pract. Med., vol. i. Art. Infantile Gastric Remittent Fever.

serum, and of little more consistency;" at other times it has been found flaccid, with the same kind of contents. The liver is generally enlarged, seldom altered in structure. Its enlargement is supposed to be dependent upon congestion, from obstruction of the portal circulation. The other viscera of the abdomen, and those of the chest, do not present any abnormal appearances. The brain in most cases appears in a state of congestion with red blood, and in protracted cases, effusions are found showing a co-existing inflammation of the arachnoid.

*Causes.* The remote causes of cholera infantum, are generally acknowledged to be high atmospheric temperature, vitiated air of cities, and the irritation of dentition. To these may be added surfeit, depraved nutrition, vitiation of the milk from ill health of the mother or other causes, weaning too early, inordinate purgation, and the abuse of calomel. As a frequent *proximate* cause of the disease, we are disposed to assign the presence of acid secretions. There are, we think, several good reasons for this presumption. When bile is present in the discharges, they almost invariably assume the "chopped spinage" appearance, which is referred to the presence of acid; a sour smell is frequent in the evacuations; the liver is torpid and the bile is absent, whose office it is to neutralize the excess of acid in the chyme; the mother's milk, which should be alkaline, is often acid; and the diarrhœa is checked more quickly and permanently, and, the function of the liver being restored, the natural appearance of the evacuations is more rapidly restored, by the use of alkaline remedies, than by any other means. "In some instances the discharges are so acrid as to excoriate the parts about the anus;" (Eberle loc. cit.); would they not then be sufficient cause for the follicular inflammation of the intestinal canal?

*Treatment.* If called to a patient affected with the precursory symptoms of cholera infantum, the indications are, to restore the function of the liver and skin; to free the alimentary canal of such ingesta as may be the immediate source of irritation, and to restrain within bounds the diarrhœa. If the evacuations contain no bilious matter, calomel with ipecac, each  $\frac{1}{4}$  gr. may be given every two hours, until a fœcal or bilious evacuation has been obtained, which will generally be in six or eight hours. These minute doses answer the indications for their use, equally well with larger quantities, and are less apt to produce unpleasant results. When bile is present in the evacuations, Hyd. cum. creta, grs. ij. with creta



prep. grs. iv. may be given every two, four, or six hours, according to circumstances, until the frequency and abnormal character of the discharges is obviated. If determination to the brain is evident, it becomes a matter of doubt whether the diarrhœa should be suddenly checked. The administration of astringent remedies under such circumstances, would, we think, be not only useless but injurious, and, in fact, their use is of doubtful propriety, except in later stages, where the diarrhœa is habitual, rather than a result of irritation. Remove the acid secretions by alkaline remedies, and restore the function of the liver, and the diarrhœa will of itself subside. If it be deemed advisable to give an alkali, without immediately causing a cessation of the discharges, the following will be found a good formula: R. soda sup. carb. ℥ij. aquæ menth. pip., aquæ font. aa flʒj. M., of this a teaspoonful may be given, to a child 6 months old, every two hours until the discharges assume a natural tinge. The compounds of soda, potassa, and magnesia, form, with the acid secretions, purgative compounds, and keep the bowels in a soluble state, while the compounds with lime are without purgative action, and under their use the diarrhœa generally ceases suddenly. An exception to the condemnation of astringents, is found when blood appears in the stools. Under such circumstances, the use of plumbi acetat  $\frac{1}{8}$  gr. every two or four hours, will be found highly useful. This simple treatment, with proper regimen, will be found all-sufficient, in most of the diarrhœas of children, whether simple, or premonitory to an attack of cholera infantum.

The use of opium in any stage of cholera infantum we esteem worthy of the strongest condemnation. In the greater majority of cases, occurring under our own observation, where the brain or its members were affected, this drug in some form had been administered by parents or officious friends. Numerous professional gentlemen with whom I have conversed upon the subject have given their testimony to the same fact. We cannot forbear quoting the observations of Dr. Sigmond in regard to this point of practice, as we are persuaded that their importance is not sufficiently appreciated.\* “To manage the use of opium, or other medicines, of the same class, adroitly, either in adults or in children, when it is our object to subdue nervous irritability is by no means an easy task. There are not many of the diseases to which infancy or childhood is subject in which you will find this drug at all necessary, and in

\* Am. Journal, May, 1838, p. 182, from London Lancet.

by far the greater number it is altogether inadmissible; this most probably arises from the great predisposition that exists at that period to arterial acceleration and to cerebral affection. The only circumstances which imperatively call for its administration are very severe bowel complaints, which can by no other means be controlled, and also those alarming convulsions which occur at this period, and which sometimes threaten immediately to terminate existence; in such instances the necessity for quick relief, and the urgency of the case may demand from us, the having recourse to means which in themselves, under ordinary circumstances, would be objectionable. We must then administer very minute doses, must take care that if any unfavorable symptoms arise we have the means of checking their progress."

If violent vomiting and purgation come on, the treatment must be prompt and active. Internal remedies are seldom retained, so that it is necessary to tranquilise the stomach as promptly as possible by external applications. If the head is hot, the skin dry, the extremities cold, abstraction of blood from the temples by leeches, or other means, is an excellent preparatory to other treatment. Mustard applications to the feet, by the bath, or a large slice of bread moistened with hot water and sprinkled with mustard, the spice poultice over the abdomen are all to be put in requisition. "A teaspoonful of strong coffee, without sugar or milk, given every fifteen minutes," is highly recommended by Dewees. The same author speaks in the highest terms of "an injection of a gill of warm water, in which is dissolved a large teaspoonful of common salt; this is for a child a year old or upward, proportionably less for younger." This he recommends to be repeated *pro re nata* when the vomiting is severe until a copious fecal or bilious evacuation is obtained. Cold applications should be kept upon the head as long as active determination to the brain is manifest, assisted by local abstraction of blood, or blisters behind the ears, as the symptoms may demand and the pulse admit. The state of the skin should be attended to and diaphoresis promoted by the warm bath, and in some instances where there is unequal distribution of temperature, this effect is assisted by blisters. "It is a fact not sufficiently known that without vesication, in certain conditions of the skin, diaphoresis will not take place." (Dewees loc. cit.)

If the above mentioned remedies do not arrest the vomiting, we have recourse to the powders of cal. and ipecac. aá gr.  $\frac{1}{4}$ . One



of these may be administered every hour either by throwing it into the mouth, or mixing it with a small quantity of simple syrup, to which has been added its own bulk of a strong infusion of cardamom seed. These will generally procure a fœcal or bilious evacuation in a few hours; after which they may be given less frequently. When the irritability of the stomach has been allayed, the action of the powders may be assisted by a teaspoonful of melted butter, or castor oil, given every two hours until it operates; or by enemata containing a proportionable quantity of the same ingredients, with mucilage or starch. Active purges cannot but increase the irritation of the *primæ viæ*.

After the violence of the disease has abated, the treatment varies with the symptoms, and no precise rules can be given. If the diarrhœa continues, with light green discharges, the alkaline solution mentioned above, or the following formula, will be found useful: *R Hyd. cum. creta grs. xij. creta prep. 3ss div in chart. no. viij*, of these one may be given every two, four, or six hours, according to circumstances. In some instances the diarrhœa becomes colliquative. It appears to be kept up by habit more than from any active cause of irritation. In several instances of this kind I was led to suppose that worms were the cause of its continuance, and with a view to their expulsion, administered the oil of turpentine. To my surprise the diarrhœa ceased, after a very few doses and not again returning, convalescence was rapid. In another instance I used the same remedy as a stimulant, in a case where there was evident irritation of the brain, with such general depression, that death was threatened simply from exhaustion. No evidences of effusion were discoverable but stupor and coma. Five drops of the oil of turpentine were given every four hours: the pulse rose in fulness, the passive diarrhœa was checked, the patient was more easily roused, and the system rallied to such an extent that I felt safe in applying a few leeches behind the ears. While the leeches were drawing every cerebral symptom disappeared, the diarrhœa did not return, digestion improved, and fresh air and wholesome diet completed the cure. I am inclined to think that the cases in which this remedy will be found most useful, are those in which the symptoms, from a resemblance to those of typhoid disease, lead us to suspect ulceration of the mucous membrane or the glands, which condition Dr. Horner's observations prove to exist. The value of this remedy in typhoid

fever, as cited by Dr. Wood,\* is well established, as also its general astringent effect upon mucous passages.†

In all stages of the disease it is essential to examine the gums and if swollen and tense in the situation of a tooth about to appear, free incisions are to be made *down to the tooth*. Upon this subject the following remarks of Dr. Hope are excellent: "The grand source of irritation resides not in the gum itself, but in the membrane immediately investing the tooth, which, formed out of cellular tissue, becoming progressively denser and tighter in proportion as it is more stretched by the enlarging tooth, eventually attains an exquisite degree of painful tension. When once this is fairly divided, it retracts so completely as ever after to be incapable of reuniting. It is the division of this membrane, therefore, which constitutes the great source of relief; if the superincumbent gum heal, any supposed induration of it is of little moment: the part has only to be divided again as often as it becomes inflamed." A simple incision, the whole length of the tooth, is to be practiced in the case of the incisors: in the molar teeth a crucial incision, so as to liberate the four corners.

During convalescence and after the violence of the disease is passed, the bowels should be kept in a soluble state, and digestion promoted by gentle tonics. These indications are both answered by the use of the aromatic syrup of rhubarb, of which a teaspoonful may be given twice or thrice daily, and if the laxative effect is not sufficient, more frequently.

*Regimen.* The importance of this part of the treatment cannot be too strongly insisted upon. If the child is still at the breast, a critical examination of the mother's milk should be made. This, from its liability to change in its constitution, from innumerable circumstances affecting the nurse, is without doubt one of the most pregnant causes of infantile diseases. The health of the nurse, her diet, her mental excitability, the effect of medicines, all, as causes of these changes, should be enquired into and regulated. The milk should be examined by chemical tests, and by the microscope, which has proved such a valuable means of investigating the state of the secretions in the hands of M. Donne.‡ This observer has shown the modes of ascertaining the abnormal

\* U. S. Dispensatory Art. Oleum Terebinth.

† See Pereira's Mat. Med. Art. Oil of Turpentine, its use in Blenorrhœa.

‡ See Dictionnaire de Medecine Arts. "Lactation" and "Lait."



conditions of the milk, and indicated the means, in many instances, of correcting them. The milk should, in all cases, be alkaline in its reaction. The simple test with litmus paper, will indicate the presence of acid, which will generally be counteracted by the administration of carb. of soda to the nurse. Simple remedies such as this, will often prevent much mischief. It would be well if all practitioners were acquainted with the researches of M. Donne, further notice of which our limits, already transgressed, forbid. For the rest we shall not attempt any addition to the rules laid down in the treatises of Dewees, Eberle and others, with the single exception, that in most of these essays the use of farinacious articles, is, we may venture to suggest, carried too far. Those substances, lately proven by Liebig, incapable of being formed into the tissues and affording but few salts, cannot contribute to the production of healthy blood, and especially in the stages of weakness and convalescence, should not entirely take the place of nitrogenized substances. The avoidance of surfeit, fresh air, and wholesome and nutritious diet, are the best preventives to this fearful disease, and without their proper regulation, medication affords but temporary relief.

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*Case of Deformity from Burn successfully treated by Plastic Operation.* By DANIEL BRAINARD, M. D., Professor of Anatomy and Surgery in the Rush Medical College.

DURING a part of the winter of 1842, I performed, through the courtesy of Dr. J. V. Prather, the service of the surgical ward of the St. Louis City Hospital. On first entering it, I noticed a colored boy named William, aged about 12 years, affected with an extensive deformity, from a burn of four months standing, produced by the ignition of spirit gas. The chin was firmly bound to the superior extremity of the sternum, by a cicatrix an inch in length, by two and a half inches broad. This also extended, but superficially, on the sides of the jaw to its angles, and upon the breast, where there was a small part of it, imperfectly formed. The effect of this approximation of the sternum and lower jaw, was a permanent separation of the lips and jaws, except where the head was thrown much forward, inability to retain the saliva, or turn the head, great elevation of the sternum from continued efforts to throw the head backward. His condition is represented

with sufficient accuracy by *fig. 1.* So great was the inconvenience, that he was found unfit for service and sent to the Hospital for relief.



(*Fig. 1.*)

On Monday, November 7, 1842, I proceeded, in presence of the medical class of the St. Louis University, and several medical gentlemen, with the assistance of Drs. Prather and Pope, to put in operation Dr. Mütter's operation for the relief of such deformities. An incision was accordingly made transversely below the chin, and in contact with the sound skin, from side to side, which, on raising the lower jaw, left a deep fissure between it and the sternum. A flap three and a half inches broad, by seven inches in length was then dissected up from the right shoulder, and turned upon its base in such a manner as to fill up the vacancy beneath the chin. It was fixed in this position by twisted sutures, supported by adhesive straps, and a roller. The denuded surface upon the shoulder was covered with lint and cerate, and the patient placed in bed. The flap adhered, by the first intention, excepting one and a half inches at its extremity, which, from its great distance from the pedicle, sloughed and separated. Notwithstanding this unfavorable occurrence, the result of the operation was highly satisfactory.



May 7, 1844, eighteen months afterward, the chin was three inches distant from the sternum, the natural depression between the parts existed, the mouth was closed, and the patient in the condition represented in *fig. 2*. There existed, however, upon the left side, a band which prevented the movements of the head and jaw from being as free as natural. In a case operated upon by Professor March of Albany, which he had the kindness to show me, a similar band existed. These facts lead me to believe that it would be well in such cases to take two flaps, one from each shoulder, as suggested by Dr. Mütter.—(*American Journal Med. Sciences*, July 1842, p. 80.)



(*Fig. 2.*)

The above described operation was first proposed and performed by Dr. Mütter, (*op. cit.*) but had not, as far as I am aware, been repeated by any one at the time of its performance in the above case. This has since been done with success, by Dr. March, by a surgeon of Connecticut, whose case I have mislaid, and more recently, in a modified form, by Dr. Wm. B. Diver of Cincinnati. Of its value, no one who has had occasion to observe its results, can entertain a doubt, as it offers a remedy for a frightful and otherwise incurable deformity. It is probable, however, that great care on the part of the surgeon, during the period

of cicatrization of such burns, might, in many cases, prevent the necessity of resorting to it.

Chicago, June 29, 1844.

## PRACTICAL MEDICINE, &c.

VARIATION IN THE STRENGTH OF BLUE MASS AND MERCURIAL OINTMENT.—From the report of the committee on Mercurial Preparations, of the College of Pharmacy, New York, it appears that the blue mass and mercurial ointment, as prepared by different manufacturers, is subject to a considerable variation. In the former the per centage of mercury was in some specimens as low as 20, in others as high as 34! in the ointment it varied from 21 to 46. The upper stratum of ointment was, in some instances, 4 per cent. less rich in mercury than the lower stratum in the same jar, as the result of settling. As these facts are important to those who have frequent occasion to use these preparations, we extract from the American Journal of Pharmacy the following letter describing the processes used for testing their strength:

“NEW YORK, Feb. 13, 1844.

“*Gentlemen:* In compliance with your request, I beg leave to state, that the following methods were adopted to ascertain the per centages of mercury in blue pill and mercurial ungt.

“The blue pill was washed with warm water, and also alcohol, to remove such organic matters as were soluble in these fluids; it was dried until it was of the consistence of a thick paste, then mixed with an equal weight of sulphuric acid,—the whole being heated until the remaining organic matter was decomposed and carbonised; the persulphate of mercury and carbonised matter so obtained were boiled with a solution of chloride of tin, to reduce the mercury; the precipitate was washed and dried, and the mercury separated by sublimation in glass tubes.

“The mercurial ointment was treated with warm water, by which means the greatest part of the lard separated, floating on the water; it was then washed with a little alcohol to remove any water attached to it, and then triturated with hot spirits of turpentine, which displaced the remaining unctuous matters; then washed with warm alcohol twice, to cleanse it from the turpentine and grease: upon drying it at a temperature of about 90 degs. the mercury will assume the form of globules, or may be made to do so by pressing it together.

“Your most obedient servant,

“LAWRENCE REID.

“To the Committee of the College of Pharmacy, }  
New York, on Mercurial Preparations.” }



*Preparations of Iron dangerous in certain forms of Chlorosis.*—By M. TROUSSEAU. Iron has generally been regarded as a medicine which could not do harm in cases of chlorosis, but M. Trousseau's attention was powerfully attracted to the fact, that it is sometimes followed with most disastrous consequences, from meeting with two cases where the chlorotic affection not only resisted the preparations of iron, but where it seemed to light up a latent tubercular affection which rapidly carried off his patients. Since then he has remarked several cases; and, therefore, strongly recommends that iron be not administered in any case of chlorosis where tubercular affection has either been developed, or where there is a disposition to scrofula. As a general rule he states, that, if chlorosis occurs in a young girl about the age of puberty, in whom no scrofulous tumours have been observed since infancy or childhood, and who has never had hæmoptysis, iron, in large doses, may be safely administered with every prospect of soon removing the disease. If, however, there be any grounds for believing that there is a scrofulous tint, iron must be carefully abstained from, and the chlorotic affection must be endeavored to be removed by change of air, tonic regimen, horse exercise, sulphurous preparations, &c. If the chlorotic affection has come on at the age of 25 to 35, there is reason to believe something seriously wrong, and preparations of iron are to be prescribed with caution; but if it has supervened suddenly on copious loss of blood, uterine hæmorrhage, or over-nursing, provided there be no scrofulous tendency, iron may be safely and freely prescribed.—*Med. Examiner from Journal de Pharmacie.*

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*M. Trousseau on Urtication in the Treatment of Rubeola.*—In a recent number of the "Journal de Medecine," after recalling the wise precepts of Sydenham, who advises not to use stimulants in the treatment of persons laboring under eruptive fevers, and not to keep them too warm. M. Trousseau remarks that, although these precepts are generally correct, we must not entirely prescribe the employment of local or external excitants when the exanthema has disappeared abnormally. He then states that in several instances he has resorted, with great advantage, to urtication, and gives the following case:—A young woman was received in his wards on the sixth day, of a rubeola. The eruption was very intense, but on the day following her admission, she was seized with very acute capillary bronchitis, and the eruption disappeared. Copious bleeding was resorted to without success, and the dyspnœa became so intense, the pulse was so small and frequent, that he despaired of her life. He then gave a sufficient dose of ipecacuanha to produce vomiting, and when she had recovered from the state of semi-syncope into which the vomiting had thrown her, he had her severely fustigated with nettles from the head to the feet. The effect was truly magical. In the course of a few hours after the remedy had been resorted to, the oppres-

sion had ceased, the fever had nearly disappeared, and convalescence had commenced.—*Medical Examiner, from London Lancet.*

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*Extemporaneous Vesicant.* By DR. DARCY.—Into a flat watch glass, pour from 8 to 10 drops of very concentrated ammonia; cover the liquid with a large piece of linen on a rather less diameter than that of the glass, and slowly apply this little apparatus to the previously sheaved skin. Keep the whole in its place by means of moderate pressure with the fingers.

As soon as a red ring, about 2 *centimetres* in breadth, is observed round the glass, it is certain that vesication is effected. Sometimes scarcely 30 seconds are necessary for obtaining this result. It remains only to remove the apparatus, to wash the part, and to tear away with a pair of nippers the epidermis, which comes off easily and in one piece.

The dressing is according to the object in view,—to the indications of the endermic method for example.—*Chemist from Bull. de Therap.—Am. Jour. of Pharmacy.*

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## GENERAL INTELLIGENCE.

THE following extracts from an "Introductory Lecture to the course of Clinical Surgery in the Pennsylvania Hospital," by G. W. Norris, M. D., published in the Medical News, are commended to the attention of the profession. Seldom have more just and noble precepts been addressed by a teacher to his pupils, never perhaps, at any period of the history of our art, were they more demanded. Coming from a surgeon of so venerable an institution, whose example so perfectly illustrates his teachings, they are calculated to have a salutary influence upon the minds of students and surgeons.

D. B.

"I believe, gentlemen, that a crying and increasing defect in the teaching of these times, is a neglect of the principles of surgery. Beginners in the study of our science naturally enough become weary of the detail of principles, and when opportunities offer, love to wander off and witness operations. These when determined on with judgment, while they distract the mind from tiresome rules, instruct in what is certainly a highly important part of the profession, and to a wholesome degree should be encouraged; but important and dazzling as the calmness of mind and ability to perform them well may be, it is to be remembered that their acquisition is the least part of a surgeon's education, and a necessity for their performance the opprobrium of our science. To understand the nature of the affections in which operations are demanded, and to distinguish accurately these from such as are



remediable by medical means, to determine the moment when the knife should be resorted to, and under what circumstances it is to be withheld, to know precisely what should be done before an operation, and the best course of treatment after it, are the great and difficult points to which attention should at all times be principally directed. Operative surgery, much as it should be valued, is, when compared to these, of only secondary importance; and incessantly to dwell upon it and magnify its results, and consequence, is again to degrade our science to the rank which in former times it held when connected with the barbers."

"In operative medicine as in all other matters connected with our profession, the Father of American surgery shines forth a bright example to us, and would that they whose stations give authority to their teachings, would frequently recall it to the recollections of their pupils. Justly looking upon improvements in medical surgery as infinitely more glorious than displays with the knife, he on all occasions zealously endeavored to avoid the performance of bloody operations. Fixed in his principles, no desire of notoriety, or wish to appear as an originator, ever induced him to operate in cases of doubtful utility. Candid in his opinions to the suffering on the probable benefits of operative measures, and to the profession on his results, he rose to occupy that niche in the Temple of Fame to which his countrymen have unanimously elevated him; and may we not hope that a recollection of *PHYSICK'S* course will yet one day win back those who have strayed from the paths of legitimate surgery, impel students to eschew that desire of operative show and notoriety which is now so baneful and so common, and induce them to bestow more attention to the acquirement of the solid principles which will guide them in the treatment of disease, than to witnessing operations the actual and final results of which are not presented, and which from their nature can but in very few instances be determined by them."

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WE cannot resist the temptation to extract from that lively and spirited periodical, the *Boston Medical and Surgical Journal*, the following sketch of a distinguished surgeon of New York. From its fidelity it would be easily recognized by every one acquainted with the original if the name were omitted:

D. B.

"Dr. Parker is a native of Massachusetts; and for the gratification of our Yankee brethren, who may not have known him, I feel an irresistible desire to speak more particularly of him, and especially as I am sure mine were but the views and impressions received generally by the many medical gentlemen visiting that city during the past winter. Dr. P., I learned, was a graduate of Harvard, and also of the Massachusetts Medical College; of the latter about 1829 or 1830, since which time he has been constantly occupied, either in the anatomical or surgical chair of some of our medical colleges. He is now about 40, with a cheerfulness, viva-

city and youthful expression that would seem to assure us that he had escaped the sorrows and internal conflicts that make visible the years of most men. Dr. P. is about, or little short of, six feet in height, of as perfect development, as it regards size, form and poportion, as is easy to conceive, and although not less so in attitude and movements, there is a careless unconsciousness of this trifling matter, that makes it of peculiar interest to the stranger. He has a dark eye, black hair, and a countenance of great animation, especially when lit up by his favorite subject—*surgery*. When we have added to these the intimate and thorough knowledge of his subject, obtained by fifteen years' zealous devotion as a lecturer and practitioner, a fine voice, easy command of language, and great facility of utterance, a discriminating mind, and a good fund of "*common sense*" withal, it will not be difficult to form some idea of him as a lecturer, or a practical surgeon. Another particular, that will be readily observed by the stranger, in the character of Professor P., is a freedom from that egotism and spirit of detraction, that has poisoned the minds and shadowed the reputations of so many able surgeons; and in its stead, he will perceive a modesty, a spirit of benevolence and sincerity, that enables the possessor as readily to discern the merits and achievements of others, and as willing to acknowledge them, as though they were his own. Hence I was enabled to account for the universal high respect and friendship entertained for him by the profession, and the readiness of his rival cotemporaries to acknowledge his merits."

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#### RUSH MEDICAL COLLEGE.

THE annual course of Lectures in this Institution for the session of 1844-'45, will commence on the 1st Monday of November next.

The lectures will be delivered as follows:

On Anatomy and Surgery, by Daniel Brainard, M. D.

" Institutes and Practice of Medicine, by Austin Flint, M. D.

" Chemistry and Pharmacy, by J. V. Z. Blaney, M. D.

" Materia Medica and Therapeutics, by John McLean, M. D.

" Obstetrics and Diseases of Women and Children, by G. N. Fitch, M. D.

At a meeting of the Board of Trustees on the 24th of June ult. the degree of doctor of medicine was conferred on William M. Butterfield. The honorary degree of doctor of medicine was conferred on T. P. Whipple, of St. Charles, Kane co., Ill.

Arrangements were also made for erecting a handsome edifice for the Institution.

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NOTICE TO READERS AND CORRESPONDENTS.—We acknowledge the regular receipt (in exchange) of the Boston Medical and Surgical Journal, the Medical News, the Medical Examiner, the American Journal of Pharmacy, the Western Lancet, and the St. Louis Medical and Surgical Journal.



# ILLINOIS

## MEDICAL & SURGICAL JOURNAL.

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*On the Treatment of Intermittent Fever.* By AUSTIN FLINT, M. D., Professor of Institutes, and Theory and Practice of Medicine, in the Rush Medical College.

THE subject of intermittent fever occupies so small a portion of periodical medical literature, in comparison with the frequency of the disease in many extensive sections of our country, that in communicating observations which are supposed to possess novelty, it may easily happen that we are only stating facts with which a large number of our professional brethren are already familiar, and which, to a considerable extent, have had their legitimate practical influence. This may be the case with the points upon which it is my purpose to present the results of my experience in the following remarks, viz:—the exhibition of quinia in larger doses than are generally directed by standard writers, and without those preliminary and precautionary measures, which have been considered very important to be observed in the treatment of the disease. When I found cause to modify my own views concerning the use of this specific, I was not aware that others had been led by their observations upon similar ground. I have, however, since ascertained, that the ideas which I shall offer have no claims to originality. In the late work of Professor Elliotson, (which I have recently seen,) the same principles are recommended which circumstances had led me to entertain. Since my attention has been particularly directed to this subject, I have also seen similar views in the various medical journals. Supposing, nevertheless, it to be highly probable that there is, (as they appear to me,) in many instances, improved methods of managing the disease which have not been generally adopted, I submit the results of their application, to a considerable extent in my hands, as confirmatory testimony of their value.

I was first led to experiment upon the safety and expediency of prescribing the salts of quinia in large doses, in the autumn of 1839, while performing the duties of acting assistant surgeon at Poinsett Barracks, near this city. Several companies of the second artillery being transferred from Fort Gratiot, Michigan, to this port, intermitting fever was rife among the newly arrived troops. The majority of those sick with this disease not being received into hospital, owing to the limited accommodations at that time, the inconvenience of the patients coming from their quarters hourly, and the uncertainty of trusting the medicine to their own administration, suggested the trial of prescribing the whole quantity which it was desired should be taken during apyrexia, in one or two doses. Commencing with five grains, and repeating in twenty or thirty minutes, the amount was increased until twenty, thirty, and in one case, even forty grains were administered within a half hour. After satisfying myself not only of the safety, but, in many cases, the superiority of this plan of treatment, my usual course was to prescribe eight, ten, or fifteen grains, and if no unpleasant results followed, repeating it in from twenty to sixty minutes, whenever doubt was entertained concerning the ability of the patient to bear the whole quantity which I wished to administer during the apyrexia. But experience having shown that no inconvenience of any moment followed the exhibition of twenty or thirty grains within a short space of time, I was afterwards in the habit, in the majority of cases, especially when the patients were not retained in hospital, of prescribing, at once, these quantities.

At this period, I commenced keeping a record of the cases which fell under my observation, which I continued until seventy-one cases were collected. As I did not immediately adopt the method of large doses in private practice, forty-three only of this number will come under this class; and of these, thirty-six were soldiers.

It may be important to remark, that none of the patients were probably aware that they were taking medicine in an unusual quantity.

As the case in which the largest quantity of the sulphate of quinia was administered may possess particular interest, I present the details as recorded in my case book.

*Bailey*, seized with chill and rigors, about two minutes before his name was called to present himself for examination. Sulphate



of quinia, twenty grains, was prescribed and administered immediately. In a few minutes, said that he felt better; chill and rigors, however, still continued. Directed repetition of the same dose, making forty grains. In a few moments, said he felt dizzy and nauseated. Gave him a bed in hospital. An hour afterwards examined him. He complained of deafness, dizziness, and nausea; did not vomit; pulse now much accelerated, moderately full; skin warm. Hospital steward reported the subsequent day, that deafness and dizziness continued for several hours. Found him on this morning with aspect bright, and said he felt quite comfortable; slept well. Two days afterwards he had had no recurrence of the paroxysms. No farther medicine was exhibited; desired to go to duty, and was returned accordingly.

It is an interesting subject of inquiry—at what period of the apyrexia may the specific be exhibited to exert the most efficiency? It is generally supposed, that the nearer, within a certain limit, to the time of the expected recurrence of the paroxysm it is administered, the greater will be the probability that the paroxysm will be averted, or its severity diminished. In the records of the preceding cases, I was not careful always to note this relation. I will state, however, that the usual course was to have it administered directly after its prescription, in the majority of cases, for the sake of convenience, without any reference to the period at which the patient expected a paroxysm to recur. Shortly before I was relieved of my attendance at the barracks, however, this point suggested itself, and I proposed to make it the subject of some observations, by exhibiting the quinia in a large dose at an early period of an intermission, and omitting it during the latter period. This was practised in four cases only, a brief account of which is as follows.

CASE I.—Sulphate of quinia was administered in dose of fifteen grains, *ten* hours before the period when the paroxysm regularly would have occurred. The patient had no subsequent paroxysm. The same dose was repeated three successive days, and the patient discharged.

CASE II.—Sulphate of quinia, ten grains, was administered *six* hours before time of paroxysm; the paroxysm was not prevented. The same dose, with the same interval, was repeated on the ensuing day; no paroxysm occurred on this day. This case was complicated with otitis.

CASE III.—In this case, sulphate of quinia, fifteen grains, and

after 30 minutes, ten grains, were administered *thirty-seven* hours previous to the time of the paroxysm. The paroxysm did not occur. No farther medicine was administered to the patient, and he was returned for duty on the seventh day. Seven days afterwards he returned with relapse. He was then bled  $\text{℥xii}$  in the hot stage, and treated with ten grains morning, noon, and evening, for the first day; eight grains, morning, noon and evening, second day; six grains, morning, noon and evening, fourth day. No paroxysm afterwards occurred while on the sick report, but subsequently he relapsed.

CASE IV.—In this case, twenty-five grains were administered 34 hours previous. Paroxysm was not prevented. The same dose was similarly administered on the day after the paroxysm. The paroxysm did not occur, and the patient was discharged on the fifth day. This case was complicated with catarrh and pain under the sternum on full inspiration. No other treatment than with the quinia was pursued.

Another inquiry connected with this branch of the subject possesses interest, viz.:—In how far will the quinia exhibited at the commencement of a paroxysm, tend to avert it, to mitigate its severity, or shorten its duration? This method has been recommended as the most efficient for the administration of the specific. And on the other hand, the late Dr. Eberle states, that in a single instance under his observation, it appeared to be followed by dangerous results. I made trial of this procedure in seven cases, one of which has been already presented.

The inferences to be drawn from which cases are, that sometimes the paroxysm may be arrested by exhibiting the sulphate of quinia during the cold stage, and its severity and duration diminished in other instances; but neither of these results ought to be confidently expected. It would seem that when the paroxysm is not strangled, the effects of the specific upon the subsequent continuance of the disease is not less than when administered in the apyrexia. In none of these cases, were any alarming or injurious effects produced. It is not, however, presumed to state these inferences as facts established from such a limited number of cases. A larger collection of observations, with reference to this subject, is much to be desired.

I proceed to present a few cases selected from those which have been treated in private practice. The two first are only interesting, from the fact that the subjects were females of delicate



constitutions, and from the second case being complicated with gastric irritability, which rendered the exhibition of a tonic in small doses, frequently repeated, impracticable, but admitted of its administration in larger doses without inconvenience.

CASE I.—Mrs. P., ætat. 25, constitution extremely delicate, was attacked with intermitting fever of quotidian type, which was speedily relieved by Carpenter's precipitated extract of bark, (an article which I have much used, and found to possess equal, if not superior virtue to the sulphate of quinia,) in doses of one grain hourly during the apyrexia. As soon as the paroxysms were interrupted she discontinued the medicine, contrary to advice. Several weeks afterwards she was again attacked with the disease of the tertian type. She had had three paroxysms previous to my being requested to visit her. Without preliminary treatment, sulphate of quinia, in doses of five grains morning, noon, and evening of the day of apyrexia, was prescribed. Visiting her in the evening, I ascertained, that mistaking the directions, she had taken the powders hourly, until the whole number written for (five) had been taken. She had thus taken twenty grains within five hours. No unpleasant effects were produced, excepting slight nausea, and some ringing in the ears, which it did not occur to her to attribute to the medicine. She had no recurrence of the paroxysms. She continued to take four grains daily for six days. Ten months have now elapsed, and this lady has experienced no return of the disease.

CASE II.—Mrs. S., ætat. about 28, delicate constitution; after returning from a visit at Toledo, Ohio, was seized with intermittent fever of quotidian type. The paroxysms produced great prostration, complete anorexia, with restlessness and watchfulness during the apyrexia. Carpenter's extract was prescribed in doses of one grain in solution hourly. This occasioned so much nausea, that pills of the same, containing grs. iiss were substituted, during the next apyrexia. The same effect followed to such a degree that it was impossible for her to continue them. On the next day sulphate of quinia, five grains, repeated in 45 minutes, was prescribed. She took both powders with slight inconvenience, and the paroxysm of this day was much less severe. The next day she took five grains, and escaped the paroxysm. For three days subsequent she took grs. iiss, and rapidly recovered her appetite and strength. Several weeks afterwards this lady had severe intermittent neuralgia, which was cured by a resort to the same method.

An idea seems to prevail to a considerable extent, both among patients and physicians, that if the paroxysms be permitted to continue for a certain period, the liability to relapses is less than if

immediately checked. The late Dr. Eberle advocated this idea. I have known repeated instances, in which patients have resigned themselves to an endurance of this distressing malady for a long period, under the impression that if it be allowed to "wear itself out," they would thereafter be secure against its return. My experience is directly opposed to these views. The cases most difficult to manage, and in which relapses have been most frequent, have been among those who, from necessity, or the erroneous idea just mentioned, have not early resorted to means of relief. And on the other hand, the cases in which I have earliest succeeded in interrupting the paroxysms, the immunity has been the most permanent. I have entertained the conjecture that careful attention in many of these cases which terminate in remittent fever, at their primary stages, would disclose periods of intermission, when the specific may be administered in large doses with entire safety, and arrest the progress of a disease which otherwise might become confirmed and continue for weeks.

*General remarks.*—The majority of the cases of intermittent fever which occur in this city, (Buffalo,) are contracted in other localities. The disease was formerly rife here, but is now confined in its origin to a few contracted districts; and in these, the quantity of malaria seems to be insufficient to induce an attack, excepting in those peculiarly predisposed, or in conjunction with other concomitant circumstances. From the commercial character of the place, however, and the general habit which prevails among the business portion of the community, of travelling more or less during the summer season, through the western states and territories, the occurrence of the disease is very frequent. We are also constantly in the way of observing it in returning emigrants and travellers of all classes.

Not having resided in any locality where the disease is endemic to a greater extent than here, I cannot speak of the success of remedial measures where the patient is exposed to the continued concentrated action of the morbid principle. I can state, however, that of a large number of cases, of a very miscellaneous character, which have fallen under my observation for the past five years in this place, in private practice and at the almshouse, as well as the military station located near the city, I cannot recall a single instance in which the paroxysms were not promptly interrupted whenever the patients could be made follow the directions given.



Unfortunately, a prejudice against the use of the invaluable specific for this disease, appears to prevail extensively throughout all malarious regions. It is thought to injure or undermine the constitution; and this deplorable error is diligently promoted by a host of unprincipled individuals, who are interested in the diffusion of various empirical nostrums, the potency of which is generally wholly derived from the very article which they endeavour to discredit. Such an impression pervading the common mind, affects the views of many physicians; they hesitate to employ the remedy with sufficient promptitude and boldness, and fearful of latent mischief, administer it with a degree of caution and delay, which serves to countenance and confirm that prejudice which is so much to be regretted. The preceding cases will, I trust, be sufficient to demonstrate that the sulphate of quinia may be exhibited in doses sufficiently large to ensure prompt relief without any fear of unpleasant consequences. Having employed it also in other affections, especially some forms of neuralgia, in doses equally large, and continued its use much longer than in any of the cases of intermittent fever which have been presented in this communication, I have satisfied myself that it may with entire safety be given in large doses, and repeated for a length of time, which it is presumed will be sufficient, in any case, to accomplish the end which is desired.

Many practitioners are deterred from the prompt exhibition of the quinia, by the impression that the system requires some preparatory processes for its reception; especially when there are present a thickly coated tongue, with other evidences of general disturbance of the secretory functions, and more particularly if gastric derangement is a prominent difficulty, the indefinite idea expressed by the term "bilious" is invoked, and regarded as an insuperable obstacle to its administration. I have been led to regard these symptoms as oftener the effects than purely the adventitious concomitants of the disease. In a large proportion of cases, we find there is a tendency to irritation of the gastro-duodenic mucous membrane, indicated by nausea, vomiting, anorexia, &c. This is increased and confirmed the longer the disease is permitted to continue. Under this view, the most rational policy is, manifestly, to strike at once at the *fons et origo* of the difficulty. There will be cases, it is true, where the specific will not be easily borne; but it will often be retained with slight inconvenience, on exhibiting a second dose, when the first was either rejected or

created much irritation; and may, as we have seen, sometimes be borne well in a large dose, when it is insupportable in small quantities. At any rate, it is difficult to conceive in what manner the irritation of emetics and cathartics, in conjunction with the continued recurrence of the paroxysms, is to communicate a better state of preparation than had previously existed.

Other and more serious complications may sometimes exist, or their existence be suspected, when it may seem that the excitant properties of the quinia, in sufficient doses to effect a speedy cure, may expose the patient to more dangerous results than than would follow from the unchecked paroxysms. In such cases, the instructions of some standard authorities are, first, to relieve the concomitant affection by appropriate measures, and afterwards, the intermitting fever. We are to be guided, as it appears to me, in such cases, by the considerations which will arise from the following inquiry:—Will the excitant properties of the tonic tend more to exaggerate the accompanying disease, than the series of morbid actions which constitute the paroxysms of intermitting fever? I am disposed to think that the cases are very few in number, in which the true answer to this inquiry is affirmative. In my own experience, I have not, as yet, met with an instance in which I have hesitated to employ ample means to interrupt the paroxysms as promptly as possible; nor have I ever found reason to regret, in any instance, having pursued this course. Undue apprehensions on this score have, I suspect, been among the unfortunate influences of the doctrines of Broussais. Indeed, this author states, (*Chronic Phlegmasiæ*,) that in certain cases, “nothing in medicine presents more difficulties than the treatment of intermitting fevers.” “On the one hand,” he adds, “the series of vital actions which constitute the intermittent fever, may tend to produce inflammatory nucleii in the lungs;” and on the other hand, he presents cases to show, that the tonic medicine necessary to effect an immediate cure, may cause an incurable phlogosis of the stomach. I can hardly conceive of this latter result being produced, for I have often administered this remedy in considerable doses where the stomach was irritable, and after a short period of increase of the symptoms, have witnessed the irritability rapidly subside, so that subsequent doses were borne without any unpleasant effects. In such cases, if we were to shut out of view the existence of the intermitting fever, we might almost come to the conclusion, that the quinia was an appropriate remedy, in certain



cases, for gastric irritability; and, assuredly, if it ever tends to produce phlogosis, we should presume that this tendency would be especially exerted when a state of great irritability was already present. The general excitant effects of the quinia, exerted upon the nervous and circulatory systems, certainly bear no comparison with the several stages of an intermittent paroxysm. In fact, in the majority of cases, when exhibited in moderate doses, these effects are hardly perceptible. Even when administered during the intense febrile excitement of the hot stage, (I have been informed by a highly intelligent medical friend who practised in a malarious district, and was in the habit of continuing the use of the specific throughout the whole of this stage,) the symptoms are not increased, nor any unpleasant effects produced. I cannot imagine, then, that the coexistence of even a well marked phlogosis of any organ beside the stomach itself, is, in reality, a sufficient obstacle in the way of the administration of this remedy. On the other hand, apprehending far more evil from the repetition of the paroxysms than from the excitant properties of the tonic, I should not hesitate, were a case of this kind to fall under treatment, to administer the remedy in doses sufficiently large to arrest the recurrence of the paroxysms as speedily as possible, employing, in conjunction, such depletory and revulsive measures, as the character of the local affection, under other circumstances, would demand. If the gastric mucous membrane itself were in a state of inflammation, from the nature of the direct action of the medicine, it would, of course, be interdicted; and in such a case, it seems to me, it would be proper to administer it per enema, as suggested by Professor Elliotson.

After having exhibited the quinia in sufficient quantities to arrest the recurrence of the paroxysms, if it be omitted, or continued in inefficient doses, the patient will be found frequently to remain in a state somewhat intermediate between health and illness for an indefinite period. The appetite does not return; muscular strength, and bodily and mental activity are not regained; and, in short, he is not well, without being able to indicate any particular source of suffering or trouble. I have known such a state continue for ten weeks, and vanish in a few days after the proper indications were acted upon. This condition calls for the continuance of the specific, or its exhibition in larger doses. Under such circumstances, a large dose of quinia will oftentimes produce an immediate internal change of sensation, which the

patient cannot well describe, but which is not less striking to himself than to the physician—and from this time, the appetite and strength rapidly return.

I have also observed several instances, in which the disease may be said to be present in a latent form. I mean by this a condition which sometimes occurs after exposure in a malarious region, where it is presumed that the amount of morbid influence imbibed by the system, is not sufficient of itself, or by means of collateral influences, to develop either intermittent or remittent fever. This condition is characterized by anorexia, and in general that combination of symptoms which is commonly expressed by that very convenient term "*bilious*," without any particular evidences of the liver being the organ chiefly affected. Connected with these symptoms, I have remarked a symptom which, when present, appears to me almost pathognomonic, viz:—a thin, moist coat, equally diffused over the tongue, of a remarkable whiteness. I have characterized it, in my case-book, frequently by the term *chalky*. It is not easy to describe the peculiarity, but when I have observed it, without inquiring the history of the patient, I have often, at once pronounced the character of the difficulty.

If the symptoms of these patients be closely inquired into, there will be found irregular variations of sensation as it regards temperature, and also of the circulatory system, which will render the diagnosis more positive; and the immediate and striking benefit derived from the quinia, verifies its correctness.

I will remark in this connection, also, that patients, after having experienced intermittent fever, will sometimes complain of troublesome night perspirations, without any other unpleasant symptoms. This seems to be a sequela of the disease, and is readily relieved by the quinia in doses of five grains at night.

It is of consequence (to what extent I am unable to judge) to connect the views which have been presented relative to the disease under consideration, with the geographical position of the place at which they are written. As the general characters of the climate of this place are probably sufficiently known, I will not lengthen this article by their description. It is highly probable, that from this source are derived influences upon the character of the disease, and the method of treatment, which are of great importance, and differ widely in different localities. This is a subject deserving attentive consideration; and it is much to be desired, that with reference to this point, physicians located in



different sections of our country where the disease prevails, would present the results of their experience, so that a comparison might be instituted. Upon this subject, the following remarks of Broussais are valuable. "In the *damp* and *cold* climate of Belgium and Holland, advantageous results were obtained from the immediate administration of bark. At Udine, situated in a *dry, hot* country, where I have since practised, I never succeeded in cutting short a single case of fever, from the month of August to the autumn, without observing a succession of those symptoms of inflammatory sensibility of the alimentary canal, of which I have spoken. The climate of Belgium destroys the irritability of the gastric mucous membrane, and enables it to support much stimulation. The atmosphere of Italy being more charged with caloric and electricity, communicates a sensibility to the organs which does not permit the use of irritants."—*Chronic Phlegmasiæ*, vol. i. Translation by Drs. Hays and Griffith.

The tendency to relapse in intermittent fever, after a greater or less period, is universal. Almost invariably, patients who once experience the disease, sooner or later have recurrence of the paroxysms. They are apt, in consequence, to express impatience, and to utter complaints against the remedy which relieves only for a season. This is, to say the least, in bad taste. There ought, on the other hand, to be felt the highest gratitude, that for a disease prevailing so generally over large portions of our country, and which, if not susceptible of relief, would be an almost insuperable obstacle in the development of the resources of our national domains, we have a specific which, whenever it occurs or recurs, will, almost invariably, produce speedy relief.

In this latter point of view, it becomes a matter of immense consequence that the efficacy of this invaluable remedy should be fully known, and that the unreasonable prejudices which exist in the common mind against its use, should be removed. These considerations chiefly have induced me to give the results of my experience, which, I am well aware, has been limited when compared with that of thousands in different sections of our country; and should the facts and views which I have presented, fortunately induce others to publish the results of longer and more extensive observations of a disease, which, (when we consider its intrinsic importance, in connection with unlimited means for its study,) has occupied by far too small a portion of the medical literature of our country; and the etiology, pathology, history, and

therapeutics of which are still sadly deficient in definite, established principles, my object will be attained.

BUFFALO, *May 19th*, 1841.

[THE above we have abstracted from an admirable paper of Dr. Flint, first published in the *American Journal of Medical Sciences*, for October 1841.

We give it as much room as the size of our journal will allow, for we could not perhaps select any matter, so appropriate to the wants of the profession, or the prejudices of the people in our vicinity, as that contained in the above paper. We only regret, that we have been obliged to omit some interesting cases; though we have endeavored to preserve entire the deductions and practical remarks founded thereon.—ED.]

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*Anemia.* By JOHN MCLEAN, Professor of Materia Medica and Therapeutics in the Rush Medical College.

*What is meant by Anemia—Its occurrence in Females during the periods of Gestation and Lactation, the subject of the present article. Symptoms—Causes.*

ANEMIA, in its strict acceptation, means absence or deficiency of blood; but it is frequently employed to indicate a deficiency of some of its essential constituents, especially of the coloring matter and fibrin. Thus considered, it signifies two conditions of the blood. The one is a deficiency of the whole mass of sanguine fluid, and is called complete; the other is the absence or defect of some of its essential elements or proximate principles, and is called incomplete. The Anemia to be considered in the present article, is not only a deficiency of the whole mass of blood, but a disproportionate absence of some of its component parts.

We will now proceed to the consideration of Anemia, as it occurs in females, during the term of utero-gestation; but more particularly, during the period of lactation. The disease, we shall divide into two stages.

*Symptoms of the 1st.*—There is a general sense of languor and exhaustion, which is much increased by exercise. The surface



of the body loses its natural color, and becomes pallid. Indigestion is a troublesome symptom. There is a burning, gnawing sensation in the stomach, which at times is very distressing. The appetite is variable; at times craving, and again absent for days. When good, the patient generally indulges so freely in eating, as to bring on an aggravation of all the symptoms, and a distressing turn of diarrhœa. In all cases which I have seen, diarrhœa, more or less, has been a constant symptom. Ulceration of the tongue and inside of the mouth is so common, that, by many, the disease has received the name of nursing sore mouth. In places where this disease is prevalent, females, sometimes become very much alarmed at the occurrence of ulcers on the inside of the mouth, supposing themselves to be attacked with this formidable malady. However, there are many cases of such ulceration, which are not at all connected with anemia; but on the other hand, I do not recollect of seeing a case of anemia in the female during the period of lactation, where they were absent. In some cases, the ulcers are small and many; in others they are more large and less numerous. They are generally quite irritable and painful. When constipation of the bowels exists for some days, they are generally much worse; and on the occurrence of diarrhœa, they are better, and if quite small, sometimes totally disappear, but soon return. The pulse varies from 90 to 100 and is small. Slight exercise increases greatly the frequency of the pulse, and produces palpitation, and difficulty of breathing. The capillary circulation becomes languid, and the surface has a sickly appearance.

*2d Stage.*—The general languor and exhaustion of the first are now greatly increased. There is a disinclination to move about; and slight exercise causes a laborious and hurried breathing, which is attended with an oppressive sense of suffocation. The surface of the body now, becomes quite pale. In such, as are naturally of a light complexion, it becomes almost white. The prolabia lose their florid hue and become extremely pale. The tongue and inside of the mouth are pallid, or of a faint yellow color. The adnata of the eyes are void of vessels carrying red blood, and become almost of a perfect white. In well marked cases, the ears are extremely white, and quite translucent. This marked degree of whiteness, of the skin, does not attend all cases. In such as were formerly of a mixed and sanguine temperament, the surface assumes a sickly and sallow complexion, easily dis-

tinguished from jaundice, although, by the inexperienced it is sometimes mistaken for it. Indigestion is increased; the appetite fails; and the diarrhœa becomes more constant and watery. In many cases there is a copious secretion, from the glands in the mouth. In one case, which I attended, it amounted to about 16 oz. daily. In some cases, the ulcers remain about as they were in the first stage; in others, they become large and fœtid. Sometimes but one large ulcer exists on the inside of one of the cheeks. The pulse is now quite small, feeble, and frequent, numbering about 130 a minute. The carotids throb, so as to be distinctly visible, to even the careless observer. At times, (but especially after exercise) the heart so palpitates as to become quite distressing to the patient. There is intolerance of light and sound. The respiratory functions suffer much. Even in a state of repose there is much difficulty of breathing; but when under the influence of exercise the respiration becomes laborious and hurried, and is attended with an oppressive sense of suffocation. The capillary circulation is languid and feeble. A constant disposition to œdema exists; the feet become swollen, the eyelids turgid, and the face puffy; and the flesh looses its firmness and becomes soft and flabby. This state arises from the excess of the serous portion of the blood, and is strongly characteristic of *anemia*. The body emaciates, and the system, as if highly tenacious of life, feeds upon itself until all that is capable of supporting existence becomes exhausted. The appearance now becomes highly cadaverous; the eyes loose their expression; there is great restlessness; the breathing becomes short and laborious, with gasping for breath. Insensibility slowly creeps on, and death finally closes the scene.

Good, in speaking of the extreme emaciation that takes place in *anemia*, and of the system feeding upon itself until the last drop of blood, capable of supporting existence, becomes exhausted, says: "The fault does not, therefore, so much seem to have been in the secernent system, or assimilating powers, as in the lacteals or digestive functions; in the commencement, rather than in the termination, of the chain."

*Exciting Causes.*—The causes of *anemia* are many and various. Among them may be enumerated the deprivation of food, or that which is void of nutritive qualities; copious and frequent venesections; long confinement in an impure atmosphere; dark and damp situations; long continued disease, more particularly if it



is connected with the function of nutrition; protracted intermittents, lactation, &c.

In this town (Jackson, Mich.) anemia, within the last few years, has frequently occurred in females, and some few cases have proved fatal. I have been informed that such has been the case in many other western places. It is much more common in the western, than eastern States. Why is it? May not the same causes that operate in producing intermittents be more or less concerned in the production of this state of the system? I have observed, that those were more frequently the subjects of anemia, who lived in such places, as to render them freely under the influence of *marsh miasmata*, than others, who were not thus exposed. Every person, at all acquainted with intermittents, is well aware, how anemic that individual becomes, who has for a long time been laboring under an intermittent. And sometimes after the regular intermittent has been broken up, do we see the person languid, sickly, debilitated and anemic—and all this without any well marked symptoms of organic disease. That place, where marsh miasmata and intermittents abound, is always noted for its pale faces. Under certain conditions, marsh miasmata may operate quite injuriously upon the system, without producing well marked remittents or intermittents. May not this be the case with those *anemic* patients who never had intermittent? Many of them labor under a low grade of remittent, which escapes their own observation, and often, for a long time, that of the physician.

(To be continued.)

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*Fatal Case of Rupture of the Spleen.* By WM. B. HERRICK, M. D.

IN March last, I was called by a coroner to examine the body of J. W., a man of about 40 years of age, robust and muscular, who had previously shown no very marked indications of permanent bad health.

It appeared, from evidence before the coroner's jury, that the deceased had died soon after being engaged in a scuffle with B. R., (a man of about his own size and physical development); that J. W. had received one blow, from the fist of his opponent, upon the left hypocondrial region; that after this, the combatants

had clinched each other, and so equal were their exertions for five or ten minutes, that it seemed doubtful which would come off victor; at length, however, the strength of J. W. seemed suddenly to fail. He turned pale, staggered, and sunk helpless upon the ground, complaining of nausea, faintness, and pain in the left side. He was carried, in a sinking condition, a short distance to a house, where he expired, in about fifteen minutes after the termination of the conflict.

A hasty examination of the body, twenty-four hours after death, showed no marks of violence upon the exterior. The cavity of the pericardium contained about two ounces of effused serum. In other respects the contents of the thorax appeared normal. But upon cutting through the abdominal parietes, exit was given to between two and three quarts of dark, partially coagulated blood.

An extended incision brought into view the spleen, enlarged to about five times its natural dimensions, and so soft in texture as to be easily broken down under slight pressure from a finger. Upon its posterior surface was a lacerated fissure of about five inches in length, extending deep into the centre of the organ. Evidently it was from the divided blood vessels of this torn structure, that internal hemorrhage had taken place to such an extent as to cause immediate death.

The coroners verdict was as follows: "Death from lacerated diseased spleen, caused by a blow, fall, or over exertion, while engaged in a scuffle with B. R." B. R. was tried for manslaughter, and acquitted by the Circuit Court.

From the history of the above case, we learn how very important it is to have thorough post mortem examinations, in many alleged cases, of manslaughter and murder. Without the information gained by examination, it is evident that even an enlightened jury might, under similar circumstances, feel bound to bring in a verdict against an unoffending and innocent man.

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## GENERAL INTELLIGENCE.

*Medical Schools.*—We have received the Annual Announcements of a number of Medical Institutions. In a number of schools, efforts have been made to increase the strength of the Faculty—the natural result of competition. Want of room forbids any extended notice of the various appointments and changes, in our present number. We notice, among others, the appointment of Leonidas M. Lawson, M. D., editor of the *Western Lancet*, to the chair of General and Pathological Anatomy and Physiology in the Transylvania University, Lexington. Since his appointment the editor has announced the publication of the *Western Lancet* simultaneously, in Lexington and Cincinnati.



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*Anemia.* By JOHN MCLEAN, Professor of Materia Medica and Therapeutics in the Rush Medical College.

(Continued from page 79.)

*Causes continued.—Why the periods of Gestation and Lactation are more particularly subject to Anemia.—Case of Mrs. S., and Post Mortem Examination.—Treatment.*

WHEN subjected to the malarious influence, if a periodical disease is not clearly developed, there may be produced such symptoms as anorexia, indigestion, foul tongue, increased frequency of the pulse, with a sense of languor, and general debility; erratic pains in different parts of the body, achings about the joints, and a variable sensation of temperature. And if the true cause of the difficulty is overlooked, it may exist, operate upon and undermine for a long time the powers of the constitution.

The greater frequency of *anemia* in western localities, than in the older settled portions of our country, cannot be owing to innutritious or scanty food, open or badly constructed dwellings, or western hardships; for it is also more frequent among that class who are not subjected to any of these causes. Therefore, I think, the most probable cause that we can assign for its greater prevalence in such localities, is the operation of that agent, which is more particularly confined to new countries, viz: *marsh miasmata*.

Why is anemia principally confined to females during the periods of gestation and lactation?

From my own observation, and from information obtained from others who have had extensive experience in malarious districts, I am led to believe, that in the above conditions, the malarious agent is less marked by its peculiarity of producing periodical dis-

eases. And if this be so, may not the true cause of the existing difficulty be oftener overlooked than it otherwise would be, and the system left to suffer under its deleterious influence? I am aware that many differ from the opinion here expressed, and think the periodical character of the diseased action is less evident.

But still further, the large demands made of the system for the growth of the foetus during gestation; and afterwards, the daily and almost constant waste that is made upon the essential elementary constituents of the blood, by the abstraction of the milk for the nourishment of the infant, are causes well calculated, in the feeble and sickly, to hasten on the state of *anemia*. There is a close resemblance between the composition of milk and blood. Milk, in its composition, is more nearly allied to blood than any of the secreted fluids. The following table from "Carpenter's Human Physiology," will show the parallelism of their several ingredients:

	<i>Blood.</i>	<i>Milk.</i>	
Coagu- lum.	{ Fibrine, Red particles.	Caseine, Butyraceous matter,	{ Cream.
Serum.	{ Albumen, Alcoholic Extractive, viz: Lactates, Aqueous Extractive, Albuminate of Soda, Alkaline Salts, Fatty matter,	Caseine, Alcoholic Extractive, viz: Lactates and Lactic Acid, Aqueous Extractive with Sugar of milk, Alkaline Salts, Fatty matter,	{ Skim milk.

The chief proximate animal matters have nearly the same composition, and may be regarded as definite compounds with proteine. Phosphorous and sulphur in proportions slightly varying, combined with proteine form fibrine, albumen and caseine.

The following ultimate analysis was lately executed in the Laboratory of Liebig, and exhibits the elements of fibrine and albumen, proximate principles of blood; and of caseine a proximate principle of milk.

	BLOOD.		MILK.
	<i>Fibrine.</i>	<i>Albumen.</i>	<i>Caseine.</i>
Carbon,	54.56	54.84	54.96
Nitrogen,	15.72	15.83	15.80
Hydrogen,	6.90	7.09	7.15
Oxygen,	{ 22.82	22.24	22.09
Phosphorous,			
Sulphur,			
	100.00	100.00	100.00

The correspondence between the red particles and the butyraceous matter is less evident; but there are some points of resem-



blance between them. The saline matters contained in milk and blood are nearly identical. There is perhaps a greater proportion of the phosphates of lime and magnesia in the former than in the latter. The correspondence between the rest of the table is perfectly evident, and needs no comments. Now it is easy to conceive why such females should become anemic, as have for a long time been subject to the slow poison of marsh miasmata, and feeble health; and in addition to this, whose sanguine humor is drawn largely upon for the supply of the fœtus, and afterwards, during the period of lactation, by that fluid, which so much resembles the blood in its composition.

*Case of Mrs. S.*—I do not give this because it had any striking peculiarities, but because it was a well marked case of the kind, and one in which I was privileged with a *post mortem* examination. Mrs. S., sometime in the spring or early part of the summer of 1843, removed from the State of Vermont to the Territory of Wisconsin, where she resided about four months. Thence she removed to this place, (Jackson, Mich.) About the middle of January, 1844, she was delivered of her second, a healthy child. She was naturally of a rather delicate constitution; and at this time was pale and feeble; and for some weeks after her confinement was under medical treatment. Her child, she continued to nurse until about the 1st of April. About the middle of April, I was called to see her and found her in the following condition: the prolabia, instead of a florid hue, were pale and presented almost a bloodless appearance. The tongue and inside of the mouth (except in the vicinity of ulcers) wore nearly the same aspect. The face was extremely white, and seemed as if entirely destitute of red blood. On the tongue and inside of the cheeks were small and irritable ulcers. These first made their appearance about one week after the birth of her child. She had a diarræa which would leave her, and return at irregular intervals. Indigestion was quite a troublesome symptom, and at times the irritability of the stomach was quite great. For the most part there was anorexia; but at times there was considerable appetite; but food of almost any kind was apt to create unpleasant symptoms. For a time she had an irritative cough, which at nights was peculiarly distressing. She was extremely weak and irritable, and was much of the time confined to the bed. Pulse 130 a minute—small and feeble. After visiting her some four or five times, I discovered that she was better and worse on alternate

days. These variations were very slight, and she never had any greater symptoms of intermittent than this. About 6 grs. of quinia, in divided doses, were now administered daily. Under the use of this, the periodical symptom soon gave way and she appeared much better. After a few days the quinia created so much irritation of the stomach that it could not be taken. It was now administered in smaller doses, and with sulphate of morphia, to allay the irritability; but unless greatly under the influence of morphia, the irritation it produced was so great, that its use could not be continued. The quinia was now withheld and other tonics resorted to; among which were some of the preparations of iron; but not being attended with any benefit, they were likewise withdrawn. Stimulants were also tried but the effect was unfavorable. Notwithstanding the free use of morphia, she had frequent spells of vomiting which greatly reduced her strength, and at times were very distressing. Both in diet and medicine, the greatest care was necessary not to allow anything that would hasten on, or aggravate this distressing symptom. The local applications to the ulcers in the mouth were such as are usual in such cases. The *commercial ferrocyanate of iron* was now administered in doses of 4 grs. each,—three times daily. This, instead of creating irritation, greatly allayed it—so much so, that the morphia which was taken to allay the irritability, was now almost entirely left off. Under the use of this, a highly nitrogenized diet and occasional slight laxatives, she improved beyond my anticipations. After being under this course two weeks, the pulse became reduced to 110, the appetite and strength were improved, the diarrhoea lessened, and the cough much better. On the 14th of May, she changed her boarding place, for another, forty or fifty rods distant. The fatigue attending this change operated rather unfavorably; but notwithstanding, she appeared better than previous to the use of the quinia and ferrocyanate of iron. On the 25th day of May, she walked down a pair of stairs, and to a carriage, in front of the house, and rode a distance of one mile and a half. The fatigue produced by this was great. She now continued to fail daily. In three or four days time she was confined to her bed. The feet became œdematous; the eyelids and face swollen, and the ulcers large and fetid. Extreme exhaustion was now present, and she gradually sunk away, and died on the 8th of June.

*Post mortem Appearances.*—The organs within the thorax were first examined, but they presented no abnormal appearances except



their almost bloodless condition. On dividing some of the large vessels, the fluid which escaped presented the appearance of but slightly colored serum. On opening the heart, it was found entirely destitute of any coagula. In short, the coloring matter and fibrine of the blood were almost entirely absent. The internal surfaces of the *stomach, duodenum, jejunum, ileum, and colon* were next examined, but no organic disease could be found; the only unnatural appearance presenting itself being that of a pale and bloodless condition. The *liver, spleen, and uterus* were also free from any organic disease; but their anemic appearance corresponded with that of the general system. Both internally and externally, bloodlessness and paleness were most conspicuously marked. The *post mortem* appearances gave us no positive light on the true cause of *anemia*; but it gave this negative evidence, that it was not owing to any perceptible altered organic structure.

*Treatment.*—From what has already been said, the plan of treatment about to be recommended, can be anticipated. The first object should be to remove, as far as possible, all known existing causes. If living in a *malarious* district, the patient should, if practicable, change it for a more salubrious locality. If lactation is kept up, it should immediately be discontinued; for while a large healthy child is daily drawing support from the little remaining stock of blood, the cure is much delayed, if not entirely prevented. If the mode of living is bad and the diet poor, they should be exchanged for better. There is a forming stage when the anemic symptoms are not very distinctly marked. This period should be closely watched; for it is the most favorable time to arrest the progress of the disease. If the attending symptoms of this stage are such as to induce the belief that the patient is laboring under the influence of the malarious poison, the treatment should be accordingly. If there is a feverish state of the system, anorexia, foul tongue, and biliary derangement, some mercurial preparation should be given to correct the secretions. The quantity to be used, and how combined with other articles, and the time of its continuance, should be judged of by the symptoms present and the effects produced. After this, or even in connexion with it, sulphate of quinia should be given, if there are no symptoms present to forbid its use. At first, for a few days, it may be given quite freely; afterwards in smaller and less often repeated doses; say 1 gr. morning, noon, and evening. In some cases I have given the quinia without any preparatory treatment,

and with a happy effect. I have lately administered it in a few incipient cases, and the benefit derived was prompt and decisive. In recent conversation with a highly respectable physician, I was informed that he had used this article in cases of this kind with marked benefit; that he had given it merely for its tonic properties, without any regard to its specific operation upon the malarious poison; and that upon reflection, he recollected of having used it with decided advantage, where other tonics were useless or even injurious.

Some of the ferruginous preparations may be given, alternately, with the quinia, and even continued for some time after the latter is withheld. In those cases attended with much irritability, the ferrocyanate of iron will be found to be a valuable preparation. If the commerical *ferrocyanate* is used, it should be administered in doses of from 3 to 6 grs., three times a day. The dose of the pure article should be smaller. I will here make the suggestion, that in the state of great irritability of the digestive organs, already referred to, the combination of small doses of quinia with the ferrocyanate of iron might be used with advantage: and I regret that, after having twice failed in the use of quinia, in the case of Mrs. S., I did not make another attempt with this ferruginous preparation, which, for a time she seemed to have taken with a happy effect.

I have used, in many cases, a pill composed of equal parts of gum aloes, rad. podophyllum peltatum, and rad. sanguinaria canadensis. A sufficient quantity of these, given every evening, to procure moderate evacuation from the bowels, on the following day, I have found to do much towards arresting the diarrhœa, and creating a more healthy action of the digestive organs. If the diarrhœa is excessive, and disposed to continue, it may be checked by act. lead and opium; but until there is a more healthy action of the general system, but especially of the digestive organs, it is likely soon to return. Many local applications have been used for the ulcers in the mouth. When the ulcers are irritable and painful, I have derived much benefit from adding a few drops of the tincture of croasote to a small quantity of water, and directing this to be held a short time in the mouth. The nitrate of silver makes a good wash, and I generally prefer it to the many others which have been used. However, applications of this kind afford but temporary relief, until there is brought about a more healthy action of the general system. The diet



should be light and nutritious, and composed principally of such articles as contain a large proportion of *nitrogen*.

This article might be extended to a much greater length; but if what has already been said, will be the means of directing the attention of the profession more to this disease, and of inducing them to give the result of their observation, my object will be fully attained.

Jackson, Mich., August, 1844.

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*Aneurism of the Femoral Artery from fracture of the Femur at its superior part—Ligature of the external Iliac Artery—Recovery.* By DANIEL BRAINARD, M. D., Professor of Anatomy and Surgery in the Rush Medical College.

MARCH 1st, 1842, I was called to visit Dexter Graves, a highly respectable citizen of Chicago, Illinois, laboring under an ununited fracture of the femur. He gave the following history of the case: Twelve weeks previously, in the early part of December, 1841, while stepping from a carriage, he fell, in such a manner as to strike the upper part of the right thigh, at the inside, across the wheel. He was unable to rise, and a physician being called diagnosed a "fracture of the bone." Provisional dressings were applied and the patient conveyed a distance of forty-five miles, to his own house in Chicago. Another apparatus was then applied by which extension and counter extension were kept up, and the limb kept in a straight position; this treatment was continued twelve weeks, when the machine was removed and the fracture found to be ununited. At this time I saw him.

The following were the appearances observed:—The right limb was two inches shorter than the left, the foot was everted, and considerable swelling existed about the hip and thigh. The foot could easily be brought down to a level with the other, but was immediately retracted on removing the extension. No crepitation could be perceived in any movement of the member. The shaft of the bone to near the trochanters could be felt, free from callus or fracture. The diagnosis was a fracture of the neck of the bone, but whether within or without the capsule there was no means of ascertaining with certainty. The general health of the patient had

suffered much in consequence of his long confinement. He was pale, emaciated, affected with diarrhœa, loss of appetite, and profuse sweats. He had cough, expectoration streaked with blood; an examination of the chest revealed an extensive bronchial affection, but no signs of tubercularization.

Under these circumstances it was thought advisable to adopt some plan which would allow him to rise and take exercise, the restoration of his health being the most urgent indication. This was a thing of some difficulty, as the slightest movement was attended with excruciating pain. The immovable apparatus (starch bandage) was chosen and applied from the knee upward. Over a dry roller were placed several pieces of firm pasteboard, which externally and posteriorly extended as high as the crest of the ilium. These were covered with a roller immersed in paste of flour, several turns of which were passed around the pelvis. As soon as this was dried the patient was able to rise and walk on crutches, and in a short time was able to ride several miles. No change took place in the state of the limb except that at times it was painful and affected with spasmodic action of the muscles, when it was fully three inches shorter than its fellow. It may be remarked that the patient had felt pains in this limb of a rheumatic character previously to the fracture, they were however but slight and occasional. He remained in the same condition six months, wearing the starch bandage, which he could not do without, and with it I left him Oct. 20, 1842, to be absent at St. Louis during the winter. On my return, Feb. 17, 1843, (which was hastened by urgent applications on the part of the patient,) I found the upper part of the thigh occupied by a large tumour, the most projecting point of which was three inches below and a little anterior to the trochanter major. It was smooth, elastic, fluctuating, distinctly pulsating, giving the "*bruit de souffle*" on the application of the ear, subsiding in a marked degree on compression of the femoral artery, and becoming tense on removal of the pressure. Its inner margin was limited by the gracilis muscle, its outer at the most external part of the thigh; it extended upward to Poupart's ligament, and downward from that point twelve inches: the circumference of the thigh, embracing the largest part of the tumour, was twenty-five inches. It had been first perceived about twelve weeks previously, and rendered it necessary to remove the paste bandage and had increased regularly until it acquired its present size. If the characters I have described could leave any doubt



of the aneurismal nature of this disease this had been entirely removed by the exploration of the physicians in attendance, who, supposing it to be an abscess, had made a puncture through which a pint of arterial blood had escaped before they could succeed in closing it. Compression of the femoral artery by means of a steel spring and graduated compress was then resorted to, but with no other sensible effect than the production of œdema of the limb from the obstruction of the venous and lymphatic circulation. The situation of the tumour, on the anterior and external side of the thigh, renders it probable that the anterior circumflex branch of the profound femoral artery was the one originally effected, but the course of the superficial femoral could not be traced, at the period when I first examined it, along the inside of the tumour.

Having observed the progress of the tumour for several days, in spite of the efforts made to check it, I determined on the ligature of the external iliac artery, and, the patient being in every respect in a favorable state, it was performed Feb. 24, 1843, in presence of several of the profession, and with the assistance of Drs. Sawyer and Davisson of this place, in the following manner:

The patient remaining upon his ordinary bed, with his head and shoulders slightly raised, an incision was made three inches in length, commencing an inch within the anterior superior spine of the ilium, and directed, parallel to Poupart's ligament, toward the pubis. The skin, subcutaneous tissue, and superficial fascia were thus divided, and the aponeurosis of the external oblique muscle exposed. The *arteria ad cutem* required a ligature. The aponeurosis was next divided upon a director, the internal oblique and transversalis muscles with the spermatic cord were pressed upward with the fingers, the handle of the scalpel was employed to rupture the fascia transversalis, and the peritoneum was then gently raised with the fingers until the forefinger of the left hand rested upon the artery about two inches above the femoral arch. The slight investment of the artery was penetrated by the nail, and the needle known as Dr. Pysick's, armed with a small silken ligature, passed under it. This was effected without difficulty, the point of the needle being carried between the artery and vein and pressed forward by gentle movements to and fro until it emerged on the outside of the artery. The point was then detached from the shaft and drawn out without embracing more than the artery itself, and without having raised or separated it from its

surrounding tissues. The ligature was firmly tied in a double knot, one of its ends removed, the wound carefully sponged and its edges brought together by strips of adhesive plaster. Having had occasion during the winter, and previously to this operation, to put in practice, upon the dead subject, the different methods of placing a ligature upon this artery, I adopted the above mode of proceeding, as affording easy access to the vessel, with the least possible liability to wound the epigastric artery or the peritoneum, or to allow a protrusion of the viscera. Its application in this case fully justified the choice, and in no respect could I wish to have modified it.

During the operation the patient suffered very great pain, was pale, cold and depressed, and was allowed two glasses of wine. When it was finished the pain still continued, passing with rapidity from the wound to the limb or to the abdomen, and was so severe as to make the patient cry out and toss himself about in the utmost agony. It was relieved by the sulph. morph. gr.  $\frac{1}{4}$ , repeated three times. The immediate effects of arresting the circulation in the artery were not perceptible in the general system, unless the pain and agitation could be attributed to it—the pulse sixty and feeble. The tumour immediately became flaccid, its circumference being one inch less than before. Three hours after the operation there was a sensation of numbness in the member, and it was colder than the other; the sensibility gradually returned, and at the end of six hours was perfect; a state of exalted sensibility followed and was so great that the contact of a piece of flannel could not be endured. The natural temperature returned with the sensibility, commencing first above and extending to the foot, but there was not observed at any time an unnatural elevation of the temperature, or that activity of the capillary circulation which has been noticed in many cases.

During the first five days after the operation no material change occurred either in the member or in the system. The temperature and the sensibility of the former were natural. The pulse was 75, no febrile reaction, the patient urinated without difficulty, and on the fourth day had a stool from a lavement. His sleep was quiet and his appetite good. On the fifth day there was a slight discharge of pus from the wound. From the fifth to the fifteenth day he remained in the same state, being free from pain and all the functions regularly performed. From 15th to the 23d day there were occasional pains and cramps in the affected limb,



which were relieved by frictions and hot applications, and a troublesome cough, for which anodynes were prescribed. On the 23d day the ligature came away. The incision, however, continued to discharge pus for several days afterwards, and was not perfectly healed before the 45th day from the operation.

The tumour after the tenth day did not diminish in size, but remained stationary; frictions and the roller were applied, which latter could only be used at first with moderate force; by degrees the pressure was increased and the tumour gradually subsided. A covering fitted to its surface and laced on the outside, attached to a band about the pelvis, and the sides of which were rendered stiff by the introduction of pieces of thin pasteboard, was at length substituted for the roller, and was found more effectual in hastening the disappearance of the tumefaction. At present, on the 1st of June, this had entirely been effected, there remained only an induration in its place, which extends over the whole anterior and superior femoral region, and confining the fragments and limiting their movements in such a manner, as to give the patient great command over the member. It can be moved freely in every direction, and is capable of sustaining a great part of the weight of the body, the patient being able to move about and attend to his business. Whether a bony union may still be expected, must depend in a great measure upon the seat of the fracture; if this is within the capsule it is not to be anticipated; if without, it may take place. That this latter is the case there are strong reasons for supposing; not, however, enabling us to adopt the opinion without reserve.

*Remarks.*—The appearance of aneurism as a consequence of fracture of the femur has not been often observed, and its occurrence is calculated therefore to direct attention to the time and manner of its production. In the present case there are three several ways in which this may be explained. By supposing the artery to have been injured by the violence which occasioned the fracture. Neither the manner of the fall nor the position of the limb after it, would justify us in adopting this explanation in the present instance. By the alternate elongation and contraction of the member; this, carried to the extent of three inches, and repeated frequently during a period of several months, might be supposed capable of impairing the integrity of the coats of the artery, but only after the lapse of a certain period of time, whereas in this case we have

indications of its earlier existence. These indications were the unusual tenderness, the persisting tumefaction, the absence of bony union, although the value of this latter circumstance was diminished by the unsuitable apparatus employed, the improper manner of its application, and the doubt as to the precise point of the fracture. Still the position of the tumour, rendering it almost certain that its origin was from the profunda or its branches, coupled with the former considerations, will justify us in attributing it to the transportation of the patient, immediately after the fracture, so great a distance.

The laceration of the tissues, necessarily produced by the movements of a carriage, over a very rough road, a distance of 45 miles, must be very great, about the fractured ends, and to this we may with great probability ascribe the production of the aneurism in this instance; and from it we may derive a practical precept of caution in advising or permitting such a transportation in any similar case.

Chicago, Ill., June 15, 1843.

*American Journal*, Oct. 1843.

## PRACTICAL MEDICINE, &c.

*Pain of the Loins.* By DR. OKE, Southampton.—Perhaps there is no system more commonly met with in practice than pain in the loins, which is usually and at once attributed to bile, gravel, or rheumatism; but as it may be also derived from other causes left out in a hasty decision, I shall enumerate them, and endeavor to point out the symptoms by which each may be distinguished. Pain of the loins may be derived from the muscles, from the liver, from the duodenum, from the kidneys, from the colon, from the uterus, from the aorta, from the spine, or from matter collected on the psoas muscle independent of spinal disease. In order to arrive at its true cause, we must endeavor to ascertain what function is principally involved, which will at once lead us to it.

*If the pain be rheumatic*, it will be increased by pressure, and by the slightest action of the muscles affected. There will probably be also rheumatism in other parts of the body, the system will not evince much disorder, the urine will be high colored, and deposite a lateritious sediment.

*If derived from the hepatic function*, the pain will shoot upwards along the splanchnic nerves to the scapulæ; the alvine evacuations will be either deficient in, or exuberant with, bile; or show a morbid quality of that secretion; the urine will have a bilious tinge;



there may be congestion of the hæmorrhoidal veins; and the spirits will be depressed.

*If from the duodenal function*, three or four hours after a meal the pain will be aggravated, shooting through towards the right side of the abdomen, and remaining till the food has passed into the jejunum. Dyspeptic symptoms will prevail, and there will frequently be painful pustules breaking out about the face. I have lately met with a case in which the boils were extremely annoying.

*If from the kidneys*, the pain will shoot down the course of the spermatic nerves towards the round ligament in the female, and towards the testis in the male, which will often be retracted by the action of the spermatic nerves upon the cremaster muscle. There will be more or less irritation communicated to the mucous membrane of the bladder. The urine also will be diagnostic in this instance; it may deposit mucus, calculous matter, blood, pus, or albumen, according to the nature of the case; or it may be otherwise morbid in its constitution.

*If from the uterus*, the pain of the back will arise either from disordered function or disease of that organ. In the former case the pain will be of a neuralgic character, will return in forcing paroxysms extending around the hips and hypogastric region, will be attended with hysteria, and often with increased quantity of the menstrual discharge. In the latter case the pain will be *constant* and severe, extending along the anterior crural nerve half way down the thighs. There will be a thin, offensive discharge from the vagina. The countenance will be wan and sallow, exhibiting the wear and tear of organic lesion.

*If from the colon*, there will be constipation, and inflation in the course of the bowels, or the fœcal discharges will be of small diameter, or there will be soreness of the intestine under pressure, especially at its ascending or descending portions, accompanied by mucus, or shreds of lymph in the form of boiled vermicelli, amongst the excretions.

*If from the arterial dilatation*, an abnormal pulsation of the vessel involved—the aorta, for instance—may possibly be detected by auscultation in the incipient stage of the disease, *if such were suspected*; but in a large majority of cases such a cause may reasonably escape the attention of the ablest surgeon, from there being no tangible symptom that might lead him to suspect it; and even after the dilatation has considerably advanced, it may be sufficiently large to press upon and disturb the spermatic nerves, but not large enough to project and pulsate externally, and this may, at this stage, be confounded with diseases of the renal function. A few years ago I met with a case of this kind in a man of middle age. The pain had been constant and wearing, shooting from the loins down the course of the spermatic nerves, and for a considerable time was reasonably attributed to the renal function, especially as there had been constant disturbance of this function.

At length the aneurismal sac began to approach the surface, and then, of course, the cause became apparent.

*If from the disease of the spinal column*, the pain will be aggravated by percussing the spinous processes at this part of the spine, or by suddenly striking the toes against an uneven surface. There will be involuntary action of the muscles, especially of the flexors of the legs, diminished temperature, abnormal feelings, and more or less loss of power of the lower limbs. Should there be at the same time any unnatural projection of the spinous processes, the disease will be confirmed.

*If from a collection of matter upon the psoas muscle, unconnected with spinal disease*, the pain will be continued, dull, and deep-seated, extending from the loins down the psoæ, or in whatever direction the matter may have taken its course. The pain will be aggravated by flexing the thigh towards the abdomen, and there will be difficulty in walking; moreover, there will be marks of a strumous habit, and more or less symptoms of hectic fever. Should any fluctuating tumor present at the groin, or at any other point where the matter may find its way out of the body, it will be conclusive as to the nature of the case.—*Braithwaite's Med. Retrospect*, from *Prov. Med. J.*, Feb. 17, 1844, p. 384.

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## BIBLIOGRAPHICAL NOTICES.

*Boston Medical and Surgical Journal.*—The editor of this well known and deservedly popular Journal, in the No. for August 7th, announces the commencement of the *thirty-first* volume. We congratulate the editor upon the continued success of his enterprise. It would indeed be strange if after this long experience and with the high tone and spirit which he infuses into his pages, any rival could detract from his well-earned reputation. We subjoin a few of his remarks:

“Ours is now the only one in the United States which is published weekly, having survived, unharmed, the rivalry of no less than three publications of the same class. It requires something more than a prospectus or operations, to maintain a medical journal. There is necessarily a fearful outlay of capital, quite discouraging at first; and when there is taken into account the great number of losses annually occurring, very few, it is presumed, would be willing to enter anew upon the business, after having had experience in permanently establishing one. Unlike other periodicals, its subscribers are of necessity only here and there one out of hundreds and thousands, and then they are spread so widely over the entire face of the Union, that collections are always difficult. Still, under all the aspects of the case, we have



passed on till the commencement of this *thirty-first volume*. We hope for the continued good will, and the literary and scientific assistance of our brethren. With their countenance, and our own continued exertions, the Journal will pursue its quiet way, without ostentation, or a presumptuous display unbecoming the legitimate object to which it is expressly devoted, or the character it has attained."

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*The American Journal of Insanity.*—This is the title of a new periodical, the first No. of which was issued in July last, under the conduct of the officers of the New York State Lunatic Asylum, Utica. It is to be issued quarterly, at the exceedingly low price of \$1.00 per annum, each No. containing 96 pages. We welcome with pleasure, this accession to the ranks of periodicals, the more that it fills a vacancy in medical literature, and advocates the cause of a large and pitiable class of sufferers. The No. before us; for which we are indebted to the courtesy of Dr. Brigham, Superintendent and Physician to the State Asylum; is fraught with valuable information, and contains several articles highly interesting to the general reader. If the publication sustains the promise given by its first number, it will hold a high place among medical periodicals.—[ED.]

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*Mackintosh's Practice of Medicine.*—Lindsay & Blakiston of Philadelphia, are about publishing a fourth edition of this valuable work, much used as a text book in the medical schools of the United States. It is to be brought up to the present time, with notes and additions by Samuel George Morton, M. D., a gentleman well known for his high professional attainments, and late physician to the Philadelphia Hospital, &c. We have no doubt that the work will meet with a good reception from the profession and medical students.—[ED.]

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## GENERAL INTELLIGENCE.

*Medical Schools.*—The Jefferson Medical College, Philadelphia, announces its Winter Course under the same Faculty in whose hands its popularity has so greatly increased in the last year. A change for the better it would be difficult to make.

The College of Physicians and Surgeons, New York City, with Dr. Alexander H. Stevens, President, makes its announcement under favorable auspices. The class of last year is represented as one-half larger than that of the year previous.

In the University of New York Medical Department there has been no changes in the Faculty of last year. A large appropriation has been made to this Institution by the Legislature of the State.

In the Faculty of Transylvania University, several changes have occurred. Dr. James M. Bush, formerly adjunct to Dr. Dudley, has been entrusted with the chair of Special and Surgical Anatomy. Dr. Dudley retains the chair of Surgery alone. Lotan G. Watson, M. D., has been appointed to the chair of Theory and Practice, and Leonidas M. Lawson, M. D., editor of the *Western Lancet*, to the chair of General and Pathological Anatomy and Physiology. In other departments there has been no change.

In the Medical Department of the St. Louis University, there has been a new organization. The Faculty is as follows:

“CHARLES A. POPE, M. D., Professor of Special, General and Surgical Anatomy; J. V. PRATHER, M. D., Professor of the Principles and Practice of Surgery, and Dean of the Faculty; J. W. HALL, M. D., Professor of Physiology, Pathology, and Clinical Practice; M. L. LINTON, M. D., Professor of the Principles and Practice of Medicine; J. G. NORWOOD, M. D., Professor of Materia Medica, Therapeutics, and Medical Jurisprudence; A. LITTON, M. D., Professor of Chemistry and Pharmacy; M. M. Pallen, M. D., Professor of Obstetrics, and the Diseases of Women and Children; W. D. STIRMAN, M. D., Prosector.”

The Willoughby University, upon Lake Erie, announce some new appointments. As at present organized, their Faculty embraces the following names:

“AMASA TROWBRIDE, M. D., Professor of Surgery; GEO. MCCOOK, M. D., Adjunct Professor of Surgery; HENRY H. CHILDS, M. D., Professor of Obstetrics, and Diseases of Women and Children; JAMES QUACKENBOSS, M. D., Professor of General and Special Anatomy and Physiology; ROBERT H. PADDOCK, M. D., Professor of Chemistry, Pharmacy and Materia Medica; JOHN BUTTERFIELD, M. D., Professor of Theory and Practice, and of General and Special Pathology; ISAAC J. ALLEN, M. D. and Counselor at Law, Professor of Medical Jurisprudence.”

*Notice to Readers and Correspondents.*—In addition to the exchanges, the receipt of which we have already acknowledged, we have received *The American Journal of Insanity*, Utica, N. Y.; *The Western Journal of Medicine and Surgery*, Louisville, Ky.; *The New York Journal of Medicine and the Collateral Sciences*.

We have also received the Annual Announcement of the Jefferson Medical College, Philadelphia; University of New York, Medical Department; College of Physicians and Surgeons, New York City; Transylvania University, Lexington, Ky.; St. Louis University, Mo.; and the Willoughby University, Ohio.



# ILLINOIS

## MEDICAL & SURGICAL JOURNAL.

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### STATE LEGISLATION RESPECTING MEDICAL PRACTICE.

As the period for the session of the Legislature approaches, we perceive a disposition on the part of many members of the Profession to agitate the subject of "medical legislation," and it becomes a question of serious importance to all, whether any, and if any, what legislative action should be asked for.

There are at present no special legislative enactments relating to the practice of medicine in the State of Illinois. Every one is entitled to assume to himself the title of M. D., to prescribe any or all the substances in the three kingdoms of Nature, to any who call upon him for advice, and to collect his bills according to the provisions of the common law. There was formerly a law "regulating the practice of physic and surgery," but this was repealed. The ground is then clear, and it remains but to be ascertained what is desired by the profession, and what will be useful to the public. Various communications, verbal, written or printed, have been made to us, or have fallen under our notice, from Physicians of great respectability, having reference to the subject, and suggesting different modes of proceeding.

1st. It is proposed by some, that petitions be presented for the passage of a law organizing district medical societies, giving them power to decide upon the qualifications of physicians coming to practice within their limits, and prohibiting all persons not licensed by such societies, from practicing medicine under heavy penalties.

2d. Others propose the organization of societies, but no penalties upon unlicensed practitioners, prohibiting them only from exacting pay for their services in the courts of justice.

3d. There are others still who wish simply that the graduates and licentiates of certain districts be incorporated into med-

ical societies, having only the powers of scientific associations, and for their objects only the improvement of their members.

In reference to the first of these plans, the prohibition of unlicensed persons by penalties from practicing, abundant experience has, we think, shown that in the different States of this Union, such laws are entirely ineffectual. Look at the examples of New York, Ohio, Delaware, and other States where these laws have existed, and where they have only served to keep the medical societies arrayed against quacks; and where these latter, by raising the cry of persecution, have enlisted popular sympathy, and by applications to the different legislatures, have obtained a repeal of such statutes. These contests have been degrading, the results mortifying, and even a triumph would have been barren. Let us be warned by their example, not to enter upon a course from which there is neither honor nor advantage to be derived. Let no one suppose that we underrate the evils resulting from such persons being allowed to practice. On the contrary, numerous are the instances within our own knowledge, in which limbs and life have been sacrificed to their ignorance, rashness or inefficiency. Many such examples of suffering and misery from their treatment, are fresh in our recollection. We believe, too, what some of our friends doubt, that such laws are just, and no infringement of private rights; but we are convinced that in operation, they neither protect the public nor benefit the profession; but only serve to raise into undeserved notice those against whom they are directed. Nor is the expedient of excluding them from courts of justice in the collection of their bills, more effectual, since it actually gives them a pretence for expecting payment in advance, or puts their demands in the light of debts of honor.

We are opposed to all restrictive laws in regard to the practice of medicine. We have not room in this Journal, to do more than glance at the reasons that have led to the formation of this opinion. But it is a subject on which we have long reflected—we have observed the course of medical legislation—we have consulted some of the most experienced and judicious members of the profession, and there is, we think, at present, no doubt remaining, as to the proper course to be pursued,—it is to ask for no restrictive legislation in regard to medical practice.

If it should be thought desirable to have medical societies incorporated, we have no objection to this course, as it has reference to the profession and its improvement; and will give physicians



the benefits of association more perfectly than can be obtained without the aid of charters. These benefits are the cultivation of friendly feeling—the keeping alive of interest in medical improvements—the establishing of libraries, &c. We exclude the right of judging of the qualifications of physicians, except their own members. There is an argument in favor of these societies, which is: that one of the greatest evils with which the profession has to contend, is not the intrusion of irregular practitioners, as Thompsonians, &c.; but a great number of the professed regular practitioners, who, however, are without diplomas, having only been engaged in medical studies for a few months, and attended a single course of lectures. They assume the title of M. D., and the public suppose them possessed of diplomas. If there were organized Medical Societies in existence from which such persons were excluded, it would act as a powerful check on their pretensions.

We will, at some future time, have something to say as to the best means of improving the character of the profession, which is not to be done by legislative enactments, but by improving the Medical Schools, discouraging unqualified persons from entering upon the study, founding associations for medical improvement, &c. At present we shall cut short these remarks, in order to give place to part of the report of a committee of the “Albany County Medical Society,” and we present it not only from the soundness of its views, and the high respectability of the Society by which it was adopted, but also because it has received the approbation of the medical public in every part of the Union.

County and State Medical Societies were incorporated, and the terms of admission into the County Societies were prescribed by law. Members of the County Societies were the only licensed practitioners of physic and surgery.

All unlicensed persons, except “botanic doctors,” were prohibited from practising under penalty of \$25 for each offence.—All unlicensed persons, without exception, were made incapable of enforcing, by legal process, the payment of compensation for services rendered to the sick.

By the act of May 6, 1844, all unlicensed persons are freed from the penalty for practising, and the disability of collecting pay for their services. Besides this, they are made liable to civil and criminal prosecutions for malpractice, gross ignorance and immoral conduct. Previous to the passage of this act, the law prescribed the mode of becoming a licensed practitioner of medicine, and conferred on such, and on the botanic doctors, the ex-

clusive right to practise. Since the passage of this act, the law still prescribes the mode of becoming a licensed practitioner, but gives to all persons of whatever age, or sex, or education, the right to practice, and to enforce the payment of compensation for services. Hence, although the organization of the County and State Societies is left as before, it is no longer obligatory on those who practise physic and surgery to become members of the County Societies, nor to go through the course of study and the examination requisite for admission into these societies. They have become voluntary associations, which give to their members the title of licensed practitioners, but confer on them no legal rights. Such is the operation of this act on the laws regulating medical practice.

We now proceed to the examination of the question, whether the passage of this act calls for any movement on the part of the Society. But first of all, it will be necessary to review the course of legislation in regard to medical practice, to establish the principles on which such legislation ought to be founded.

Seeing what important duties devolve upon the physician, what weighty interests are confided to his skill and integrity, subject to no control but his own conscience, legislators have always recognized the propriety and necessity of providing men to assume those duties who could offer some guarantees of capacity and honesty, and of guarding the public against imposition by the ignorant and unprincipled. Hence laws have been enacted, having in view the two-fold object of raising up and organizing a body of competent physicians, and of protecting the public against imposition.

To accomplish the former of these objects, the profession has been organized by the establishment of County Societies, so that its members may be readily recognized by each other and by the public, may exercise a general supervision over each other, and co-operate to promote the common welfare.

Provision has been made for medical education by the establishment of schools liberally endowed, in which students may, at moderate expense, be taught the science and art of medicine.—A course of study has been prescribed, through which candidates are required to pass before they can be admitted to an examination by which their qualifications are to be tested. After having accomplished this course of study and passed the examination, the student is admitted into the profession as one worthy of its honors and fitted to assume its duties.

Thus are attained the first great objects of medical legislation. A body of physicians is created, presenting certain guarantees of capacity and character, and this body is organized so that its members may be readily recognized by the public. These objects and the means by which they are attained we all unite in commending. If any person, with these means of choosing, applies for medical aid to one who can offer no guarantees of proper



qualifications, he is guilty of a gross imprudence; but it is at his own risk, and he has to suffer in his own person all the consequences. The law has protected him against imposition, but not against a foolish choice.

It might be supposed, that when men have the choice before them of educated physicians, presenting evidences of their qualifications, and of others whose main titles seem to be their ignorance and impudence, they would not hesitate to have recourse to the former. But sad experience shows that this is far from being true. We find that men who conduct all their other affairs with prudence and discretion, are willing to abandon a medical attendant of tried skill and character, for any juggling mountebank whose pretensions would only excite a smile, were it not for the deplorable results to which they give rise. Struck with this sad spectacle of human credulity and folly in cases in which such important interests are involved, legislators have thought that it was not sufficient to provide educated physicians, and to give the public the means of recognizing them, but have passed laws prohibiting all but regular physicians from practising. These laws are founded on the presumption, that it would be so absurd to have recourse for medical aid to an ignorant person, when it is possible to procure the services of an educated physician, that those, who might be tempted to do so, must be treated as incompetent to manage their own concerns. To prevent them, therefore, from indulging in such folly, all irregular practice is prohibited under certain penalties.

The laws for educating and organizing a body of physicians were intended to give men the means of acting prudently; the prohibitory laws were intended to compel men to act prudently. So long as public sentiment accords with this view of the legislator, the operation of these prohibitory laws is salutary; while only a very few silly persons prefer to have recourse to men out of the profession for relief, it seems proper to protect them against their own bad judgment, just as minors and imbecile persons are not allowed to make contracts by which they might be swindled by knaves. But unfortunately a large portion of the public think that education and science are not necessary to qualify men for medical practice. Numerous sects have sprung up, pretending to cure diseases by various processes, more or less ridiculous, but all agreeing in this one point, that it is not necessary to pass through the regular course of studies required by law, but that there is a royal road to medical practice which renders such drudgery useless. These sects, absurd as their doctrines may be, have succeeded in gaining followers among the public, and the effect of these restrictive laws, if enforced, must be to prevent all their followers from procuring the kind of medical aid which they prefer. Besides, it must be remarked that those who are thus placed under the legislative tutelage, are not exclusive the ignorant or imbecile, but that they number in their ranks many per-

sons of education and sagacity, who manage all their other affairs with sufficient acuteness and discernment. However absurd the opinions and conduct of these men may appear to us, we have not, for that reason, the right to impose on them our ideas of wisdom. If, for example, a full-grown man who is capable of managing his own business, chooses to call in, to reduce a dislocation, a natural bone-setter who avows that he has never seen a skeleton, in preference to a surgeon who has devoted himself to the study of such accidents, we may deplore his folly, and endeavor to persuade him to act more prudently; but we ought not to use compulsion either directly or indirectly. If his conduct is foolish, he alone suffers from it, and as we are not responsible for his folly, we have no right to prevent him from indulging in it.

On this point we have the misfortune to differ with some for whose opinions we have great respect, and we wish to be well understood. None can be more deeply impressed than we are with the immense amount of mischief inflicted on community by irregular practitioners of medicine. We feel indignant at the base deception they daily practise under our eyes, and we pity their dupes. We all alike agree in deploring the evil, but there is some difference as to the remedy. The experiment of the past satisfies us that legislative wisdom never can restrain individual folly; that all that legislation can do in such matters is to give to all the means of knowing the character of those to whom they may apply, and thus enable them to act with a full knowledge of the circumstances, and leave the rest to man's own wisdom and prudence. We are accustomed to apply this principle to other cases of a like nature. Absurd and mischievous religious principles sometimes spring up. We are pained to see men led away by vile superstitions, or fall victims to the arts of designing leaders, yet we do not attempt to put down such systems by law, because we do not think it right to impose our religious views upon others, and because we know that any such attempt would only serve to confirm them in error. So, too, in matters of ordinary business, the law protects men against imposition so far that if one, in making a bargain, is deceived by false representations, the law would give him redress; but if, with a full knowledge of the facts, one enters into a foolish bargain, he must abide by the consequences. There is no reason why this principle should not be applied to medical practice.

But even admitting that these restrictive laws are founded on principles of sound policy and justice, there is still one objection which is unanswerable. It is entirely impossible in this country to enforce them. For many years they have been in existence, and yet men have practised under our eyes openly and avowedly in violation of them, and in no one instance has the penalty been enforced. As to the disability of recovering payment for their services by legal process, it has had quite as little influence, for we think it is altogether probable that botanic doctors, and ho-



mœopathists and other quacks, have been quite as well paid as the regular practitioners.

The practical operation of these laws was rather favorable to the class of irregular practitioners. The penalty they imposed was never regarded, the disability of collecting debts afforded a pretext for demanding payment in advance, and gave to their demands the character of debts of honor. Besides this, they put it in the power of quacks to raise a cry of persecution and represent the profession as greedy monopolists, and thus excite some feeling in their favor among weak and credulous people. A clamor for the repeal of those laws was kept up for the purpose of advertising the system rather than obtaining any rights about which they really cared, and since the repeal has been obtained they will have to devise some new plan to wriggle themselves into notice.

It will be remarked, that in all our reasoning on this subject of these restrictive laws, we have considered them as designed for the good of the public and not of the profession. This is undoubtedly the only ground on which they can be defended. The object of those who enacted them, was to protect the people against the ignorance and rapacity of quacks, and not to protect the profession in a monopoly of practice, to be enjoyed for the benefit of its members. If, in the repeal of these laws, a wrong was committed, the public and not the profession must be considered the injured party. It behooves us neither to claim as a right nor to ask as a favor any exclusive privilege, which is opposed to, or which is not directly conducive to, the public good. If these restrictive laws are not called for from considerations of public safety, then there should be no opposition on our part to that repeal. It is certain, that no class of community are so little liable to be injured by quacks as physicians who know how to avoid them.

This point has been lost sight of in the discussions on the subject in the legislature and elsewhere, and we are anxious to bring it clearly in view, because it does not comport with the dignity of our profession to appear to be engaged in a selfish contest for privilege with the different bodies of quacks which infest the community. As the natural guardians of the public interests in such matters, it is incumbent on us to admonish the legislature, if we think they are acting ignorantly or rashly, but we must be careful to have it understood that in so doing we are not defending our privileges against the rest of the public, but that we are defending the public against their own rashness and folly.

To resume. We consider that the great end of legislation in medical practice should be to provide a body of competent physicians, and to give the public the means of recognizing them, leaving to the prudence of individuals to choose discreetly; and that all attempts to coerce people to discretion are wrong in principle and unsuccessful in practice.

We are now prepared to examine the question, whether under the circumstances any action of the Society is called for?

We have expressed our views as regards the restrictive laws. Whatever difference of opinion may exist as regards the general policy of such laws, there is one point on which all must agree. It is utterly impossible to enforce them so long as they are not in accordance with public sentiment. We would, therefore, be exceedingly sorry to see the profession again entering into a contest with Thomsonians and other persons of that class, for the sake of restoring a law which we know before hand cannot be executed, and which serves as a pretext for quacks of all kinds to raise the cry of persecution, and to represent the profession as made up of selfish monopolists—a contest in which defeat would be mortifying, and success would bring no real advantage.

We are aware that much feeling has been excited in the profession by the repeal of the laws, but this is owing rather to the manner in which it was effected and the ground on which it was urged, than to the act itself. Although it was sustained by some for proper reasons, yet a few senseless demagogues in the legislature, fit organs of the quacks, whose cause they espoused, did not fail to seize that occasion to revile the whole body of physicians, and to represent them as engaged in a struggle to maintain a monopoly of practice in their own hands. The profession was thus placed in a false position; it appeared to be fighting for its privileges against the quacks; the interest of the public in the contest was kept out of view, and the result was hailed as a triumph of quackery over the medical profession. We hope that in future they will be allowed to enjoy their triumph without any interference on our part. We should be sorry to become engaged in a contest with ignoble adversaries for the benefit of a public which will always look upon our mediation with suspicion. Let the knaves and the dupes in future settle their accounts among themselves.

As regards the laws regulating medical education and the organization of the profession, we do not know of any modification which would be desirable. The State and County Societies have all the powers necessary to enable the profession to act with unity and efficiency. What is still wanting here, depends not on the legislature, but on ourselves. We ought to endeavor to infuse more spirit into our County Societies, to have more frequent meetings, and to promote cordiality of feeling among its members. The rules of medical ethics should be scrupulously observed, and any violation of them promptly noticed by the Society.

In the law of last winter, an amendment was offered requiring unlicensed practitioners to express their true character by having the word "unlicensed" on their signs. This amendment, to which no sound objection could be made, since it could only serve to inform the public of the true character of those who offered their services, and which, if one half was true of what was said in debate respecting the superiority of Indian doctors, homœopaths and steam doctors over the regular profession, would



have conferred a real advantage on the unlicensed practitioners, was rejected. Although we think the amendment a good one, yet we should be sorry to go again before the Legislature to ask for its passage, and we think the same end might be attained if every County Society would publish in the newspapers semi-annual or quarterly lists of their members.

Now that all restrictions on practice are removed, it will be practicable to raise the standard of admission into the County Societies without exciting any well-founded opposition. These societies are now voluntary associations, into which those who find the requirements too high need not enter. A well-matured plan, which would increase the amount of requisitions without putting it at a point unattainable at the present time, would no doubt be favorably received by the profession.

We would then say, in conclusion, we have laws enough, and good laws. Quackery must be suppressed not by legislation, but by enlightening the public as to its dangers. The dignity and respectability of our profession is to be promoted not by asking for legal privileges, but by an increase of individual zeal and a more cordial coöperation. It is a great error to suppose that the repeal of the restrictive laws puts the physician on a level with the quack and takes away the barrier which separated them. The barrier which effectually separates the two classes is formed by the higher attainments and honorable deportment of the members of the former, and this is the barrier which it depends on us to make higher and stronger. It is one which quackery will not surmount, and which legislative enactments cannot break down.

In accordance with these views, the committee offer the following resolution:—

*Resolved*, That in the opinion of this Society, it would not be conducive to the interest or respectability of the medical profession, at the present time, to apply to the Legislature for any alteration in the charters of the State or County Medical Societies; or any legislation on medical subjects whatever.

THOMAS HUN,

JOEL A. WING.

MASON F. COGSWELL.

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*Case of Abscess at the Neck of the Bladder, causing retention of the Urine.* By WM. B. HERRICK, M. D., Lecturer on Anatomy in the Rush Medical College.

IN December of last year, I was called to A. M., a man forty-five years of age, who had been suffering for eight days previous to my visit with intense pain, heat and a sense of fullness in the

region above the perineum, accompanied with gradually increasing painful and difficult micturition and defecation. This condition of things ended in retention of urine, which had continued during the twenty-four hours previous to my arrival. It also appeared from a further history of the case, that the above named symptoms came on soon after the patient's return from a long journey on horseback, and that two quacks were first called, who gave lobelia emetics, cayenne, and an immense quantity of what they called "gravel root tea," at short intervals for six days and nights; thus exhausting the patient, aggravating inflammatory action, and increasing the secretion of urine to such an extent as to distend the bladder to its utmost dimensions.

I found the man exhausted, surface bedewed with cold perspiration, countenance sunken, and with a weak pulse at 120.

Upon examination, the bladder was felt above the pubis, tender and greatly distended; while a finger passed up the rectum discovered a globular tumor from two to three inches in diameter, distinctly fluctuating at every point that could be reached by the finger, occupying the situation of the prostate gland at the neck of the bladder; thus pressing that viscus upwards, elongating the urethra, and crowding its membranous portion forward against the arch of the pubis.

As nothing could be felt like a lobulated structure, and as the tumor seemed to extend itself equally in all directions from the natural situation of the prostate, I concluded that this was a case of abscess formed in the cellular structure within and around that organ. There is evidence of the correctness of this opinion in the following observations of Mr. COOPER, who says: "When an abscess follows inflammation of the prostate, the body of the gland itself does not suppurate, but only the surrounding parts and the cellular substance which connects its lobes together.— This, at least, was what was observed in examining several dead subjects who were publicly opened in the amphitheatre of the Hotel Dieu."

In the above case, the most distressing and dangerous symptoms were those caused by retention of urine; but it was found impossible to pass a catheter further than through the membranous portion of the urethra, where it came in contact with the tumor, which, when pressed on, could be felt fluctuating beneath the extremity of the instrument; hence it appeared necessary first to open the abscess. "Should the abscess lie near the rectum and



perineum, and admit of being distinctly felt, Desault conceived that a free opening would expedite the cure." "Several cases of this description," have been "treated in this way with success."\* In accordance with the above recommendation, a free opening into the rectum might have been made in this case, but such a course seemed to me objectionable, on account of the danger of extravasation of pus into the loose cellular substance between the rectum and bladder. I therefore determined to avoid this difficulty by opening the abscess, if possible, into the excretory canal to which the gland is most firmly attached. In accordance with this determination, a silver catheter, with a point not very blunt, was selected, and passed up the urethra till it came in contact with the tumor; then, by making moderate pressure, its beak was forced from the urethra into its cavity, thus giving exit to a large quantity of pus through the instrument. It was then partially withdrawn, and with the hand slightly depressed, pushed gently onward through the natural passage into the bladder, and an immense quantity of urine drawn off. The pain, and other unfavorable symptoms were almost immediately relieved, and, after passing the catheter once or twice more, first into the abscess, then into the bladder to relieve them of their contents, the cavity of the abscess contracted rapidly, and all obstructions to the free passage of urine, together with the attendant difficulties, soon disappeared.

The above case may be interesting to the profession, as showing the importance of ascertaining the true cause of the difficulty in all cases of retention of urine; and from the fact that abscesses within and around the prostate are not of frequent occurrence. It also shows that simple abscess of this structure, arising from acute inflammation, when not complicated with structure of the urethra or other diseases, is not, if treated promptly, attended with much danger.

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## PRACTICAL MEDICINE, &c.

*Scarification of the Gums during Dentition.* By MARSHALL HALL, M.D., F.R.S., &c.—There is no practical fact of the truth and value of which I am more satisfied than that of the effect and efficacy of scarification of the gums in infants, and not in infants only, but in children. But the prevailing, I may say the univer-

\*Cooper's Surg'l Dict.; Art. Prostate Gland.

sal idea on the subject is, that we should lance the gums only when the teeth are ready to pierce through them, and only at the most prominent parts of the gums, and as the occasion to which I have referred may require; and no idea of this important measure can be more inadequate to its real value. The process of teething is one of augmented arterial action and of vascular action generally; but it is also one of augmented nervous action; for formation, like nutrition, secretion, &c., generally, is always one of nervi-vascular action, and of this the case in question is, from its peculiar rapidity, one of the most energetic. Like other physiological processes, it is apt to become, from that very character of energy, pathological, or of morbid activity. It is obviously, then, attended with extreme suffering to the little patient; the brain is irritable, and the child is restless and cross; the gums are tumid and heated; there is fever, an affection of the general vascular system, and there are, too frequently, convulsions of various degrees and kinds, manifested in the muscles which move the eyeball, the thumb and finger, the toes; the larynx, the parietes of the respiratory cavities; and the limbs and frame in general; affections of the excitomotor part of the nervous system, and of the secretions of the liver, kidneys, and intestines; affections of the ganglionic division of that system.

What is the precise cause and source of these formidable effects? Can the mere tension and irritation of the gum situated over the more prominent part of the teeth be the cause of such extensive morbid actions? I think not. The real source of these phenomena is in the entire dental system, in which actions of unusual energy and extent are going on—sub-inflammatory they might be called, were they not in reality of an essentially different nature and origin. This undue action takes place in the fangs and sockets of the teeth in their whole extent, with their connections, vascular, nervous, and membranous. But *the focus from which the nervous actions emanate is, I believe, not as is generally imagined, the nerves of the mere gums seated over the prominent parts of the teeth, but the nerves which may emphatically be termed the nerves of the teeth themselves, the nerves which enter into the very fangs and substance of the teeth. It is to the base of the gums, not to their apex merely, that the scarification should be applied.* The most remarked case in which I have observed the instant good effect of scarification was one in which *all the teeth had pierced the gums!*

This view of the subject may assist in removing the futile objection of some who have, without due consideration I am convinced, opposed my plan of frequent, often daily, scarification of the gums, to whom I would say, as my sole reply—Better scarify the gums *unnecessarily* one hundred times, than allow the accession of one fit or convulsion from the neglect of this operation, which is equally important in its results, and trifling in its character. And it is not merely the prominent and tense gum over the



edges of the teeth which should be divided; the gums, or rather the blood-vessels, immediately over the very *nerves of the teeth*, should be scarified and divided, as you would divide the vessels of the conjunctiva in inflammation of that membrane.

Now, whilst there is fever or restlessness, or tendency to spasm or convulsion, this *local blood-letting* should be repeated daily, and and in urgent cases even twice a day. I would here repeat my maxim—Better do this one hundred times unnecessarily than have one single fit from the neglect of so trifling an operation. A skilful person does it in minute, and in a minute often prevents a most serious attack—an attack which may cripple the mind or limbs, or even take the life of our little patient, if frequently repeated. There is, in fact, no comparison between the means and the end, the one so trifling, the other so momentous.

I would refer those who wish to prosecute this subject to my work on the “Diseases and Derangements of the Nervous System,” but especially to my “New Memoir,” which contains the most lucid and recent view of the whole subject of the physiology and pathology of the true spinal system, and plates which, for skill in the draughtsman (Mr. Simpson, of Stamford) both that of the artist and that of the physician, and for interest in a practical point of view, have not been surpassed. *Each* plate evolves a principle of physiology or pathology of great interest and value.

I have frequently thought the vascular condition of the gums during dentition might be ascertained by means of a thermometer properly guarded. The results of a series of observations on this point could not fail to possess much value, whilst they would probably suggest a means of diagnosis in some serious disease. I do not pretend, in the above proposition, to have advanced anything new; but in the *locality* chosen for the operation, and in the *promptitude, repetition, perseverance*, and in the *energy and steadiness of purpose* with which I recommend the measure to be adopted—if these be fully apprehended—I believe I do propose something *new*; and when I repeat that since I adopted the plan of *effectually* removing *all* irritation in the gums, stomach, and intestines, in cases of crowing and other convulsions of the same nature, early enough, I have not known or seen a fatal case, I am aware that I propose a plan of treatment at once new and *valuable*. But half measures are of no efficacy. These remarks do not apply, of course, to convulsive diseases of centric origin.—*Braithwaite's Med. Retrospect, from Lancet, May 8, p. 414. 1844.*

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*Effects of Camphor.*—M. Raspail in his valuable lectures on the physiology of health and disease, says on this subject—During the last five years, I have been in the habit of smoking and inhaling camphor, under the form of a cigar, both day and night; I have also placed every night, under my bolster, a certain quantity of purified camphor. My nights, instead of being agitated, have been passed in a calm and uninterrupted sleep. Indifferent

dreams, recalling but the ordinary scenes of life, have succeeded to terrific nightmares, which used to torment me, almost every night, for at least a quarter of an hour. Whenever I awake, I chew from fifteen to twenty *centigrammes* (3 to 4 grains) at least of camphor, which I afterwards swallow, along with a small quantity of water; this sometimes amounts, in the course of the night, to as much as sixty *centigrammes* (12 grains) of camphor, which I have accustomed myself to swallowing; in the day-time, I often take a dose of similar strength; as an hygienic precaution, I also use frictions of camphorated spirits, when rising or going to bed, and whenever I perceive the least lassitude of spirit, or the slightest exhaustion of body. And with this inflammatory treatment according to the Brownian, the Rasorian physiological doctrines, I never was better in my life, nor, in fact, so well for a long time together; I have entered on a new kind of existence; I have, so to speak, shed the old skin of disease; I have grown young again in physical and moral strength; I am more disposed to labor, and am less inconvenienced than ever by it. I therefore consider myself justified in recommending others to partake of the benefits derived from this long and conclusive trial. My own family, as well as numerous patients, can bear out my testimony as to the immense advantages they have derived, from this medicinal agent. I should add that constipation is, generally speaking, produced by medicines of this class; this constitutes the reverse to their good effects, to the activity which they excite in the digestive organs, and the appetite to which they give rise.—*Braithwaite's Retrospect—from Med. Times.*

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*Antidotes.*—Messrs. Bouchardat and Sandras, from their experiments, consigned in the *Bulletin General de Therapeutique*, conclude that the antidotes to *corrosive sublimate* are a mixture of the powder of zinc and iron; the persulphuret of the hydrated peroxide of iron; to *copper*, powers of zinc and iron mixed; porphyrised iron: zinc filings; persulphuret of hydrated peroxide of iron; to *lead*, persulphuret of hydrated peroxide of iron; to *arsenious acid*, humid and dry hydrated peroxide of iron; humid persulphuret of hydrated peroxide of iron. This last named substance may be administered in cases where the exact nature of the poisons is not known. As to the *modus administrandi*; the powders of zinc and iron may be given in an electuary, and the peroxide of iron, and the persulphuret, in the form of a jelly, in which they may be kept in the apothecary's shop. The doses— $\mathfrak{z}$ ij. of the powders of zinc and iron are sufficient for  $\mathfrak{z}$ j. of acetate of copper;  $\mathfrak{z}$ ij. of the magma of the persulphuret for  $\mathfrak{z}$ j. of acetate of copper, and grs. vj. of arsenious acid;  $\mathfrak{z}$ iv. of the magma of the humid hydrated peroxide of iron, or  $\mathfrak{z}$ xxj. of dry hydrated peroxide of iron for grs. vj. of arsenious acid. Several glasses of tepid water must be given soon after their administration, and other means employed to produce vomiting. The soon-



er the antidote is given the greater the chance for success; from the effects of the acetate of copper the patient may recover, even should forty minutes elapse before its administration; but arsenious acid is dissolved more rapidly.—*Braithwaite's Retrospect—from Med. Times.*

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*On the exclusion of Atmospheric Air in the treatment of certain local diseases.* By MARSHALL HALL, M.D.—Some years ago I attended a fatal case of peritonitis. On a post-mortem examination I was struck with the florid-red appearance of those parts of the intestines which were contiguous and adherent to the abdominal parietes, and the perfectly pale condition of those other parts of the intestinal canal which were contiguous and adherent to each other. Both surfaces were equally covered with a layer of rather opaque and moderately consistent coagulable lymph. I could only account for the difference in the appearance of these two portions of the same intestine by supposing that one was affected by the absorption of oxygen from the atmospheric air, whilst from the other this gas was excluded.

It is usual in the Parisian hospitals to trust the treatment of pleuritis greatly to the application of cataplasms. I confess that when I first heard of this mode of treatment I thought it trifling. I have since considered that these cataplasms may entirely exclude the influence of the atmospheric air, and thus prove of real efficacy. But whatever may be the *rationale*, the fact remains as I have stated it, and where the treatment of pleuritis consists greatly in the application of mere cataplasms, a post-mortem in this disease is scarcely or not to be obtained, so generally do the patients recover.

I have now to add a fact from my own personal experience. I have recently seen the most satisfactory result, both in pleuritis and peritonitis, from the assiduous application of cataplasms of powdered linseed.

It is probably by the exclusion of the atmospheric air that other remedies for inflammatory diseases act; the various plasters, the nitrate of silver, even blisters, have this effect. I do not, however, mean to insinuate that they have no other. Cataplasms may further act by their warmth and moisture. The nitrate of silver possesses some extraordinary power over the actions which constitute or coincide with inflammation. But, certainly, mere adhesive plasters have an efficacy in cases of chronic chest affection, in lumbago, sciatica and other forms of rheumatism, in neuralgia and even of scirrhus, which cannot be easily explained.

One of my patients, a martyr to extensive sciatica, was desired to envelop the limb in adhesive plaster. He was a joiner, and an ingenious man. He prepared the common stocking material with glue, dissolved in the proportion of one ounce to two pints of water, and had it spread over, when dry, with galbanum plaster,

and if this exuded it was dusted with flour. By the steady application of this plaster his severe rheumatism was cured.

I was once informed by a celebrated physician that he had prescribed adhesive plaster to be applied over a scirrhus tumor of the mamma. It remained adherent for years, and the disease remained stationary. The plaster then separated, and from that period the disease pursued its devastating progress.

Certain modes of the treatment of burns consist in excluding the influence of atmospheric air.

Some affections of the face are remedied by applying a layer of gelatine. Isinglass is dissolved in water, and the solution is applied with a camel's-hair pencil, and allowed to dry. I have just witnessed some very remarkable effects of this mode of treatment, which I will communicate hereafter.—*Med. News—from the Lancet.*

## BIBLIOGRAPHICAL NOTICES.

*The Principles and Practice of Modern Surgery*, by ROBERT DRIUTT, Surgeon. Illustrated by one hundred and fifty-three wood engravings. With notes and comments by JOSHUA B. FLINT, M. D., &c.—Second American, from the 3d London edition. Philadelphia, Lea & Blanchard, 1844.—pp. 568—800. (From the Publishers.)

The issue of a second edition of the above work in this country, is a sufficient proof of the favorable reception it has met with, and the estimation in which it is held. We are happy to add that in our view this success is merited; and that the book embraces a succinct account of the principles and practice of Surgery in its present state. We can with confidence recommend it to practitioners as a work of reference, and to students as a *text book*. The engravings, which are judiciously introduced and well executed, add greatly to the practical value of the work.

D. B.

*A System of Human Anatomy, General and Special*, by ERASMUS WILSON, Lecturer on Anatomy, London. Second American edition. Edited by PAUL B. GODDARD, M. D., &c. With 200 illustrations by Gilbert. Philadelphia, Lea & Blanchard, 1844. (From the Publishers.)

Having already recommended the above work to students as a text book, to the course on Anatomy in the Rush Medical College, nothing we can here say will express a higher opinion of its merits. Nothing of the size could be more perfect.

D. B.



# ILLINOIS

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*Two Cases of Sudden Death with Autopsical examinations.* Reported for the Illinois Medical and Surgical Journal, by AUSTIN FLINT, M.D., Prof. of Institutes, &c., in the Rush Medical College.

### CASE FIRST.

*Sudden Death from (probable) sudden effusion at base of Cranium.*  
—By the politeness of Dr. Sands, attending physician to the alms-house of this county, I was invited to be present at an autopsical examination of the body of a woman who had suddenly died under the following circumstances:

She had been committed as a vagrant on the 17th inst., and was in a state of inebriety when brought to the alms-house. On the 18th, she was dressed and about the wards. Did not report herself as being ill; and no particular notice was taken of her condition. She was heard to say that she believed she should die if she could not have some whiskey. It was supposed by the attendants that she was suffering from the after effects of excessive indulgence in ardent spirits; but her general aspect did not indicate any severe ailment, nor did she apply for medical treatment.

At about 2 P. M. on the 18th, while standing in one of the wards, she suddenly threw herself on a bed nigh at hand, and appeared to those in the room to have "*a fit*." Neither the physician nor resident pupil were in the house. The keeper was immediately summoned, and arrived at the room in three or four minutes after the attack. He stated that she gave two or three respirations after he entered the room, with long intervals between them, and ceased to breathe. He observed no convulsions.

*Examination 20 hours after death.*—Body large, well developed, and with considerable *em bon point*. Age about 30. The face and neck, anteriorly as well as posteriorly, presented deep lividity. This partially disappeared after the thorax was opened, and the large vessels divided.

As the objects of the examination were limited to the discovery of the immediate cause of death, it was proposed first to inspect the heart and other organs of the chest.

In opening the pericardium, a sanguinolent fluid was observed to escape. It was estimated that about two ounces were contained within the pericardium. A slit about half an inch in length was observed in the right ventricle, corresponding to the incision through the pericardium. It was undoubtedly made with the scalpel of the operator, although care was taken to guard against this accident. The walls of the right ventricle were morbidly thin but not softened. The slit had the appearance of having been made with a sharp instrument. There was no ulceration or softening about the aperture, nor any indications of endo-carditis. The general dimensions of the heart were not measured, but estimated to be normal; valves unaffected; no coagula within the cavities. The only morbid appearance was the attenuation of the walls of the right ventricle. This ventricle was probably distended, and being in close apposition with the pericardium, received the point of the scalpel, giving rise to the sanguineous effusion which exuded after dividing the pericardium.

Lungs engorged throughout; excessively at their inferior portions, and considerably at the superior and anterior portions; otherwise no morbid appearances.

The liver was enormously hypertrophied. It extended quite into the left hypochondrium, and was adherent to the diaphragm over a considerable extent of surface, both in the right and left hypochondrium. Its color was light yellow. The hypertrophy of the yellow portion manifestly predominated. It weighed seven pounds and two ounces.

The stomach was larger than usual; not distended; its internal surface not examined. External appearance of intestines healthy.

The object of the autopsy not being attained, the head was next opened.

The dura mater adhered with great firmness, so that in the separation some injury was done to the brain, occasioning a flow of serosity, the amount of which could not be well estimated.



There existed manifestly considerable effusion at the base of the cranium, between the dura mater and arachnoid. It was sanguinolent, but this may have been owing to the rupture of blood vessels in the removal. Bloody fluid flowed freely from the spinal canal. The brain presented moderate congestion. It is to be borne in mind with reference to this, that the chest was *first* opened, and the large vessels divided, which would tend to diminish the quantity of blood within the cranium. Aside from the congestion, appearance of the brain and membranes healthy. Slight effusion into ventricles.

I should have remarked that fluid blood flowed copiously from the vena cava when divided.

*Remarks.*—The most rational explanation of the sudden death in this case would appear to be—Congestion, and sudden effusion at the base of the brain, compressing the medulla oblongata, causing a cessation of respiration and fatal asphyxia. The congestion and effusion were probably induced by excessive inebriety, and perhaps, in some degree promoted by obstruction to the circulation, resulting from the diminished contractile force of the right ventricle in consequence of its attenuated walls.

#### CASE SECOND.

*Sudden Death, with large Coagula in the Heart, and effusion at base of Cranium.*—By a singular coincidence, I was invited on the same day, to be present at the autopsical examination of a second case, in which death took place as suddenly as in the other instance. The circumstances were briefly as follows:

A boatman, aged about 35, came into the office of Drs. Wilcox and Rogers of this city; was observed to stagger as he entered; seated himself in a chair and uttered the word "Doctor."

It was observed by Drs. Wilcox and Rogers, who were both present, that his eyes had a fixed, staring expression, and that the pupils rapidly dilated. Dr. Wilcox, perceiving that he was about to fall from his chair, seized him by the arm, and allowed him to slide from the chair to the floor, extended him upon his back, and dashed cold-water in his face, supposing it might be syncope. He gasped two or three times afterwards, his limbs were spasmodically extended twice, and he expired, as estimated, about two minutes after entering the office.

It was ascertained, by evidence at the coroners's inquest, held immediately, that he was of intemperate habits, had suffered much

from intermittent fever, and for some days past had had diarrhœa. A person who had seen and conversed with him a short time previous, on the same day, stated that his respiration was hurried and labored; that he complained of distress in the stomach, and that his general aspect was exceedingly bad.

*Examination two hours after Death.*—Body considerably emaciated, face very pallid, and features contracted. Presented the appearance of a subject dead after lingering disease.

Head was first examined.

Adhesion of dura mater of ordinary firmness; meningeal veins moderately congested; sero-sanguinolent fluid escaped from within the dura mater at the posterior portion of head. Care was taken to elevate the head while the brain was being removed, and, as estimated, more than two ounces of sero-sanguinolent fluid was found at the base of the skull. Section of brain presented more red points than usual, otherwise no morbid appearances.

*Chest.*—About an ounce of transparent serum in pericardium. Right auricle contained a firm yellow coagulum of lymph, about the size of a small hen's egg. It seemed quite to fill the cavity. A prolongation extended through the auriculo-ventricular orifice. It was firmly interwoven with the muscoli pectinati, so as to be with difficulty detached.

A coagulum having the same appearance, but of less size, existed in the right ventricle, firmly intertwined with the chordæ tendineæ. From this coagulum, a prolongation of about half the caliber of the pulmonary artery, extended upward about half an inch beyond the sigmoid valves. The endo-cardial membrane, both of the right auricle and ventricle was remarkably white, and presented no evidence of disease; the left auricle and ventricle nothing abnormal. Dimensions of heart not measured, but estimated to be below the normal size, if any variation existed. Blood flowed copiously from the cavæ when divided, which was fluid when it first escaped, but in a short time formed loose, dark coagula.

Lungs deeply congested, otherwise healthy.

Liver greatly enlarged; of dark red color; deeply congested with fluid blood. Stomach and other viscera not inspected. The objects of this examination were limited to the discovery of the immediate cause of death.

*Remarks.*—What was the immediate cause of death in this case? Was it obstruction arising from the coagula in the heart, or from effusion at the base of the brain? The coagula without



doubt existed for a period, greater or less before death. This is shown, first, by the fact that the blood in the large vessels remained fluid, until the vessels were divided and the fluid escaped into the chest. This incident is interesting, as going to illustrate that the property of maintaining the fluidity of the blood, which is inherent in the vessels during life, is not at once lost after death. But, second, the lymph had evidently been subjected to compression of the heart's contraction for some time, as shown by its solidity, the expression of the coloring matter from it, and its being so firmly interwoven with the columns. The space occupied by the coagulum in the auricle especially, must have occasioned considerable obstruction to the circulation. That this, however, had not long existed, is shown by the fact that there was not hypertrophy, but rather an atrophied condition of the heart. The obstruction may have determined the hypertrophy of the liver; it doubtless did its congested state. The congestion and effusion within the cranium, was also, probably, due to the venous obstruction in a great degree; partly, also, to intemperance; and, perhaps, in part, to the state of great debility and anæmia resulting from intemperance, intermittent fever, and the diarrhœa, combined. In the latter point of view, it would constitute nearly what has been termed by some authors, "serous apoplexy."

With regard to the question, whether the sudden death is attributable to the morbid condition of the heart or brain, I regard it as open for discussion.

Buffalo, N. Y., Sept. 19th, 1844

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## PRACTICAL MEDICINE, &c.

*On the Therapeutic Action and Uses of Ergot of Rye.*—An abstract of a paper upon this subject, by M. SACHERO, Professor of Clinical Medicine in the University of Turin, is to be found in the American Journal for October, taken from the foreign press. We have not room for the whole abstract, but give the conclusions, with a few of the remarks.

Ergot has been found useful in hemorrhages from the uterus, epistaxis, pulmonary hemorrhage, and hæmaturia. Speirani cites two cases of abundant hemoptysis cured by it. "It has also been used by Bazzoni, who, in 1831, published a work on the subject, in which he announced the following conclusions: 1st,

That the ergot of rye is a certain remedy in uterine hemorrhage and leucorrhœa. 2d, That the disagreeable sensations caused by it in the head are merely temporary. 3d, That if administered with prudence, it is without danger. 4th, That is equally efficacious, whether the discharge be active or passive. 5th, That its use is beneficial, even in those cases where the uterus and its appendages are affected with organic disease. 6th, That menstruation is not disturbed by its use."

M. Sachero has used it in cases of involuntary seminal emission, and assures us that his success was invariable.

"He cites some cases of obstinate bronchitis, from his clinical reports, which yielded as by enchantment to the use of this remedy; and, lastly, a case of severe otorrhœa which occurred in a young lady of a lymphatic temperament, who, after angina, was attacked with suppurating otitis, accompanied with head symptoms and a fever. Repeated blood-letting and the other usual remedies were tried, without the least avail. Injections into the ear were then tried, consisting of an infusion of the ergot, made with 4 grammes of the latter to 120 grammes of boiling water; the medicine was, at the same time given internally; there was immediate melioration, and a complete cure followed in the course of a month."

The Pharmaceutical researches of M. Bonjean contained in the paper, inform us, that the active principles are reduced to two, the watery extract, soluble in water; and the resinous extract, soluble in alcohol. They are prepared by treating the powdered ergot with boiling water, in the displacement apparatus. The strong infusion, upon cooling, deposits the resinous extract, which may be purified by re-resolution in alcohol. The oil floats upon the infusion, and may be separated by decantation. The watery extract is then obtained by evaporation.

The astringent (hemostatic) power of the ergot, appears to reside in the watery extract, which is further thought rather to retard than hasten labor. The power of exciting uterine contractions, is supposed to reside in the resinous extract. To hasten labor, the use of the powdered ergot without preparation, is considered the most favorable. The whole of the poisonous principle of the ergot is thought to reside in the oil.

"*Conclusions.*—From what precedes, then, it follows, 1st. That the watery extract, (hemostatic extract or ergotine of Bonjean,) is a hyposthenic remedy acting on the general vascular system; and that by means of it we can control hemorrhage, morbid seromucous discharges, and lessen over-action of the heart. Its



action is clearly demonstrated to be on the vessels of the uterus, because, by its aid, we can control menorrhagia, threatened abortion, slight metritis and excitement of the uterine capillaries. The circulatory system being dependant on the great intercostal nerve, it follows that the action of the watery extract extends to this nerve and its numerous ramifications, as especially to those which preside over the life and functions of the uterine vessels. 2d. The resinous extract probably acts as a stimulant and its action extends to the nerves both of sensation and motion of the uterus. It is highly probable that when the ergot is administered in powder, it is in this extract that the principle resides which rouses into activity, the inert uterine contractions which had previously commenced. 3d. The action of the ergot, when administered in its natural state, appears to be of two kinds; the one, as in labor, affects the sanguineous system, the energy of which it diminishes (hyposthenises) by means of the ergotine; the other is upon the nerves of the uterus, which it stimulates by its resinous principle. To this double action must be added a third, equally hyposthenic, that of the oily or poisonous principle. Thus, then, in practice, several indications may be fulfilled by the isolated administration of these principles, and by the ergot in its natural state. The study of these cannot fail to extend its power as a therapeutic agent, when we have first determined the special circumstances in which they should be applied. 4th. The ergot only acts beneficially in labor, if this process has already commenced, when the amnion is ruptured, the position of the child natural, and the uterine contractions have been arrested or enfeebled, either by oppression of the forces, or by actual debility. In this latter case, the resinous extract is to be preferred to the watery or ergotine, consequently, the ergot has no effect in inducing abortion or labor, unless there is previously a commencement of uterine action. There is, nevertheless, an exception to this rule; and that is, when the fœtus is dead, or the uterus contains a tumor; but when this occurs, the uterus is in an unhealthy state, and, most generally, the ergot only acts by exciting the organ to contract, or facilitates and hastens the operation if already begun. If the ergot is given in large and repeated doses, previous to the commencement of labor, it either destroys the child, producing immediate labor, or at all events it sickens it. 5th. Its use is strongly indicated in hemorrhage, arising from a partial detachment of the placenta. In this case, life, as is well known, is in danger, if the flooding is great, and labor not speedily accomplished. The ergot, in its natural state, or one or other of the extracts, may be prescribed, according to the state of the patient. There are cases where the woman suffers from a true and general plethora of the uterus, recognizable by the state of the pulse, which is full and slow, dyspnœa, the swollen state of the veins of the hands, legs and feet, which become blue, and by a severe throbbing headache. In these cases, the patient should be bled once or twice, and then,

if the uterus still continue inert, the ergot in its natural state may be prescribed, if it is thought proper and necessary to excite labor; if this is not considered desirable, then the ergotine should be had recourse to, if we wish to prevent hemorrhage and abortion. A bleeding should always precede the remedy in cases of congestion of the uterus. 6th. If the uterus does not expel the placenta, spontaneously, within a few hours after the birth of the child, the use of the ergot re-exerts the contractions in the course of seven or eight minutes, or in a quarter of an hour at most. 7th. In the preparation of the remedy it is an essential circumstance that the ergot be not gathered till it has reached a state of perfect maturity, toward the end of harvest, and in places with a free eastern exposure. If it be not perfectly ripe, it has either no action, or it is very feeble, as shown by the experiments of Bonjean. In this case it merely contains a little watery extract or ergotine, but no fixed oil, and consequently, is not poisonous. It is probable that it has been owing to the different degrees of maturity of the ergot, that the different effects, observed by certain authors, are to be attributed. It is also known that the ergot loses its virtue if it has been gathered more than a year, or if it is worm-eaten, has been exposed to the air, been roasted at too high a temperature, &c. It should only be reduced to powder when about to be used. 8th. It is more advantageous to give the ergot in small and repeated doses than in large ones which are often rejected by the stomach. An agreeable way of giving it is to suspend it in mucilage and add some aromatic syrup. We have already spoken of the manner of preparing an infusion by boiling water; the oil may be separated by decantation, and there remains the pure ergotine. The infusion may also be made with cold water. The decoction allowed to cool is little more than an infusion made in the warm way.

“This interesting article concludes with several cases of uterine hemorrhage cured by means of the watery extract; and with a case of abundant sero-mucuous discharge from the genital organs, in a girl three years of age, which had resisted all the ordinary means of treatment, but was cured by a single dose, (60 centigrammes\*) of the powder infused in warm water, and then allowed to cool.—*Lond. and Ed. Month. Journ. Med. Sci.*, Aug. 1844, from *Giornale delle Scienze Mediche della Societa Medico-Chirurgica di Turino*, in the *Annales de Therapeutique*.

*Of the Nature and Treatment of Aphæ.*—Next to the induration of the cellular tissue, the disease which carries off the greatest number of newly-born children in the foundling hospitals is thrush. Hitherto we have been entirely ignorant of the cause and nature of this serious disease. The greater number of pathologists saw in aphæ only a pseudo-membranous production consecutive on

[\*About 9 grains,]



an idiopathic inflammation. With others it was a symptomatic inflammation. Neither were medical men agreed as to its mode of transmission; some regarded it as contagious, while others formally denied that it was so. According to the researches of M. Gruby, thrush is produced by the development of a cryptogamic plant.

Aphæ present themselves in the form of white masses, covering the whole of the mucous membrane of the mouth, and extending sometimes into the pharynx, œsophagus, stomach, and small intestines. The commencement of the disease is characterized by small, conical, whitish elevations, twenty-five millimetres in diameter, dispersed over the mucous membrane of the mouth; these elevations soon increase in size, and extend rapidly in the form of a pseudo-membrane strongly adherent to the subjacent tissue, from two to three millimetres thick, and covering sometimes the whole extent of the alimentary canal. A portion of this substance, examined under the microscope, is found to be wholly composed of a collection of cryptogamic plants. The roots are implanted in the cellules of the epithelium; they are cylindrical, transparent, and about 1-480th of a millimetre in diameter; during the development they perforate the entire series of cellules which compose the epithelium, to arrive at the free surface of the mucous membrane. The stems, which spring from the surface of the epithelium, are equally transparent, are divided at certain distances by septa, and contain corpuscles in their interior; they are cylindrical, straight, about one fourth of a millimetre in length, and 1-400th of a millimetre in width; the stems are divided into branches, which are again subdivided, bifurcating at an acute angle. These branches are composed of very distinct oblong cellules, containing one, two or three round and transparent nuclei; their lateral parts have sporules here and there, and their ends especially have a great number. The diameter of these sporules is from 1-200th to 1-500th of a millimetre.

These cryptogamic plants have considerable analogy with the sporotrichium described by some botanists. As they are very fragile, they become detached by the movements of the organs lined by the mucous membrane, and becoming mingled with the food, are carried into the alimentary canal, of which they afterwards cover a considerable extent. Those children in whom this extension of disease takes place very largely, fall into marasmus, and soon die. As M. Gruby has constantly found in the white substance of aphæ only these plants and the cellules of the epithelium, and never any production of inflammation, he deems himself authorized to conclude that thrush is nothing else than a cryptogamic plant vegetating on the living mucous membrane.

M. Trousseau employs the following collutory successfully in the treatment of thrush:—One gramme of hydrochloric acid, ten grammes of honey. He also recommends the following applica-

tion:—Equal parts of finely-powdered borax and honey mixed together.—*Med. Times*, from *Bouchardat's Aiguarne Thra-de ne peutique* for 1844, in *Am. Jour.*

## BIBLIOGRAPHICAL NOTICES.

*A Dissertation on the protective powers of Vaccinia; being the Essay to which was unanimously awarded the Prize of the Boylston Medical Committee of Harvard University for 1844.* By SAMUEL FORRY, M. D., Editor of "The New York Journal of Medicine."

This Essay of Dr. Forry is published in the New York Journal of Medicine for Sept. last. It covers 28 pages of that valuable periodical, and is well worthy of the perusal of every member of the profession. It embodies a mass of information upon the subject of the protective powers of Vaccinia, which can scarcely be met with elsewhere. We cannot do better than present to our readers some of the conclusions which are deduced from the evidence thus collated. The questions proposed for the prize essay, above referred to, were as follows:—

"To what extent is the human system protected from small-pox, by inoculation with the cow-pox?"

"Is the protection increased by revaccination, and if so, under what circumstances?"

In answer to the first inquiry, the Dr. remarks in general terms, "that when perfect, it is as complete a protection as any other prophylactic known to man. It is a general law that an individual is insusceptible of a second attack of small-pox; and yet cases of recurrent variola are so common, at the present day, as not even to excite our surprise. It is not, however, the less a general law, which, like all other vital laws, is subject to exception. On the other hand, variola after vaccination does also occur; but as this does not happen, when vaccination is properly performed, more frequently than the occurrence of small-pox after small-pox, it follows that the general law is equally active in both cases. Upon this point, however, hangs the whole question; for, if it can be proved, as it doubtless will be in the sequel of this essay, that the occurrence of small-pox after vaccination is not more apt to take place than after variolation, the conclusion that vaccinia secures as complete a protection against variola as any other prophylactic



agent known to man, is a legitimate deduction. Perfect vaccination, may, therefore, be considered as equivalent to an attack of small-pox; and vaccinia be regarded as identical with variola, save the greater mildness resulting from its transmission through the cow."

A discussion upon the laws of epidemics, and their applicability to epidemic small-pox follows, with remarks upon *contagion* and *infection*, which we have not room to notice.

The identity of small-pox and vaccinia is considered by the writer to be "demonstrated by experiments scientifically conducted, by infecting the cow with variola, and thus producing the vaccine infection."

"The extent of protection was estimated too highly by the early friends of vaccination; for during its prevalence as an epidemic, its prophylactic virtue too often fails." The essay goes on to mention the causes of failure. The fact that many children die with small-pox during the first month of life, disproves, in the Dr.'s opinion, the assertion that a "failure may arise from vaccinating a child at too early an age."

The following he enumerates as legitimate causes of failure: "The virus may be used before it has undergone sufficient elaboration; vaccination is often performed by unprofessional persons, and not unfrequently, carelessly even by the professional man; the constitutional affection may be prevented by totally depriving the vesicle of its lymph; the progress of the vaccine vesicle may be modified by febrile action from whatever cause, or by the complication of all other affections, by which great constitutional disturbance is produced; and there are, also, certain idiosyncracies which secure an impunity, not only from the action of vaccina, but also from variola."

Does vaccine virus deteriorate in power in proportion to the number of times that it makes the circuit of the human body? Upon this subject the conclusions are as follows. That it does deteriorate "no good reason, and indeed no reason at all can be assigned." "As regards the effects of *variolo-vaccination*, which consists in inoculating the cow with the virus of variola, the resulting lymph being employed for the inoculation of man, it is questionable how far it may possess advantages, if any, over the ordinary current lymph." "Against the general adoption of this proposal, as well as to the immediate recurrence to the cow for the vaccinia, which last, among the variety of epizootic disorders

affecting cattle, it is not easy to distinguish, several strong objections exist. When first taken from the cow, the lymph, in both instances, is often very acrid, producing local inflammation and glandular swellings; and, as regards the genuineness of the new stock of lymph, there will always be doubt until the undesirable experiment of variolous inoculation shall have been made. Moreover, years will often elapse before the true cow-pox, even in large dairies, can be found."

We also insert a quotation from Wilson's essays on Diseases of the Skin, which, if true, is both curious and valuable:

"We cannot here pass over an extraordinary statement made by Dr. Lichtenstein, as appears from Hufeland's Journal for 1841. The author, in a paper entitled, 'On the Sources from which Matter preservative against the Small-pox has been derived,' makes the remarkable assertion, that a pock undistinguishable from vaccinia, is produced in an unvaccinated person who is inoculated with the limpid lymph contained in the pustules caused by tartarized antimony. He further asserts that these pocks are equally protective against small pox, and that, like it, the lymph may be transmitted from individual to individual. From this source, he actually inoculated and re-inoculated thirty-one persons; and of those, notwithstanding all mingled freely with the infected during the epidemic prevalence of small-pox, not a single one took the disease."

Another quotation also is worthy of notice:

"As regards the general effect of vaccination," says Dr. John Davy, "in its influence both as affording protection from small-pox to a considerable extent, and mitigating its severity when not preventing the attack, the facts given are clear and satisfactory. *It is a curious circumstance, that the proportion of those who died after a second attack of small-pox, was, as has been already pointed out, greater than in the instances of those who had the disease after vaccination.*"

Is the protection increased by revaccination, and if so, under what circumstances? The discussion of this interrogatory comprises ten pages of the essay. We quote the condensed summary toward the close:

We are disposed to believe with Jenner, that when the system can be fully infected with the vaccine disease, a protection is afforded against the occurrence of small-pox, which will remain unimpaired with the continuance of life. But, at the same time, experience has established the fact, that among a given number apparently successfully vaccinated, there are some in whom, from the various and not well determined causes which interfere with the success of vaccination, a certain degree of susceptibility



to variolous infection would seem to have been left unextinguished, and which appears to augment partially with the lapse of time. That re-vaccination exerts a powerful influence in diminishing these varioloid diseases, by giving to the system a new protection, has been abundantly proved by the statistics of re-vaccination furnished by the German states. As the mere admission of a possibility of a decline of the vaccine influence, shows the obvious necessity of re-vaccination, there remains no other question to be determined than the periods proper for the performance of the operation.

“Re-vaccination, in truth, promises us more than one advantage. Simple and harmless in its operation, contrary to variolous inoculation which serves to propagate the disease itself, it will determine, if the vaccinated person is susceptible of its influence, in the first place, the unprotected state of the system, and in the second, the future protection of the individual. But to determine precisely the length of time that the system is protected, is a question that does not admit of solution in the present state of our knowledge. From the preceding facts relating to this point, we are led to infer, more especially in considering the physiological changes which are known to be constantly occurring in the system, that the existence of this protecting influence has a variable period. *Let our object, therefore, be to secure, at every period of life, the perfection of vaccination.*

“‘You must bear in mind,’ says Erasmus Wilson, Esq., ‘that the greatest safety against small-pox that man can enjoy, is the possession of that modified constitution that succeeds to the fever of small-pox. Experience teaches that the amount of eruption is of little consequence, as much benefit flowing from the benign, as from the most confluent kind—from inoculated as from natural small-pox; and I have no hesitation in declaring that as much protection as small-pox can bestow, is derivable from perfect vaccination.’

“‘I should advise,’ he continues, ‘that vaccination be repeated every seven or ten years. If the system receive not the inoculated virus, it may be regarded as protected, and no inconvenience results to the subject of operation. While, on the other hand, if the operation be successful, the inconvenience will be temporary, and trifling, but the advantages great.’

“‘The epidemics of small-pox, which have appeared in various parts of Italy during the last few years, have afforded Italian practitioners an excellent opportunity of studying many points connected with it. All the medical men, and M. Tommassini in particular, agree in stating that persons attacked were either adults or individuals who had been vaccinated for many years previously. When the disease occurred in children recently vaccinated, it was a simple varioloid or varicella. From the facts thus observed, the celebrated professor of Italy concludes that the preservative influence of vaccination lasts about ten or twelve years. Hence,

he advises that re-vaccination should be had recourse to after the lapse of this period.—*Prov. Med. Jour.*, April 29, 1842, from *Il. Ra. Med.*

“In the *Annales D'Hygiène*, for July, 1837, Tome XVIII., there is an extended paper entitled ‘*Histoire d'une Epidémie de Variole, etc., par M. Charles Roesch,*’ in which the following directions as regards re-vaccination, and of which we highly approve, are given:—

“1. To submit to vaccination all individuals who have not been vaccinated, even when they have had variola;

“2. To repeat the vaccination ten or twelve years after the first vaccination;

“3. If this re-vaccination does not prove successful, it will be necessary to repeat it from year to year until complete success shall follow;

“4. Should the re-vaccination prove entirely successful, the disposition to contract small-pox ought to be, for many subsequently, excessively feeble; but, notwithstanding this condition of the system, that is, an individual successfully re-vaccinated, a proper exercise of prudence would require, after ten or twelve years, a second re-vaccination.

“Now, this is a philosopher after own heart. We go upon the principle, *that the more you vaccinate the better*. We have re-vaccinated ourselves annually for the last ten or twelve years, but the year of our complete success has not yet come; and we regard ourselves, judging from the fact of repeated exposure, as entirely protected against the variolous poison. If individuals are successfully vaccinated in childhood, all facts would seem to prove that there is no necessity for re-vaccination before the tenth year of age; and the same data lead to the conclusion that the most suitable age is from the age of puberty to that of confirmed manhood. Our own opinion is that vaccination should be repeated at the age of 15 years or earlier, and again at 25. After this last period, as man seems to acquire, with the advancing years, an inaptitude to variola, there would seem to be no farther necessity for vaccination.

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*A Dictionary of Practical Medicine, comprising General Pathology, the Nature and Treatment of Diseases, Morbid Structures, &c.* By JAMES COPLAND, M. D., F. R. S. Edited, with additions, by CHARLES A. LEE, M. D.—New York, Henry G. Langley, 1844. (From the Publishers.)

This valuable work is to be published in monthly parts, the whole to be comprised in 20 numbers; price \$10. The additions by the American editor, will supply to the work references to the works of American authors, and also, articles upon diseases peculiarly incident to our own country. The editor promises to leave the original text untouched. This we are glad to see, for it is not always that *corrections*, so called, are *improvements*. In



the part before us, (Part 1.) the articles upon Abscess and Abortion are well worth the price of the whole number.—ED.

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## GENERAL INTELLIGENCE.

### CIRCULAR TO PHYSICIANS.

At the semi-annual meeting of the Erie Co. Medical Society, held June 11th, a committee of five, consisting of DRs. SPRAGUE and FLINT of Buffalo, PRATT of Evans, WALLACE of Aurora, and M'BETH of Wales, was appointed to investigate in as far as practicable, and especially from facts occurring in this county, the causes, history, pathology and best method of treatment of Puerperal fever, and report at the next meeting of the Society. By amendment to the motion, Epidemic Erysipelas was also included.

The committee are desirous to fulfil as far as possible the trust committed to them, and in order to do so they wish to secure the co-operation of Physicians generally. They hope that sufficient interest will be felt in the subject and undertaking, for every member of the profession whom this circular may reach, to furnish the committee with such facts as have already fallen, and may hereafter occur under their observation, together with the views and practical conclusions which they have deduced from their own experience.

For the sake of uniformity, and for mutual convenience, a list is added of the several points concerning which in each case, precise and full information is solicited. It is desired that the cases will be recorded separately, embracing facts relating to the several points included in the following list, and in the same order.

Of the cases which have already occurred under your observation, please note the details according to your best recollection, if no record was made at the time of their occurrence. In those which may hereafter occur, the records will of course, be more reliable if they are noted simultaneously with the progress of the cases, or, at least, immediately after their termination. It will be important to distinguish the cases wherein the facts are given from recollection, from those where they are noted down from immediate observation.

Any views or suggestions accompanying the cases will be acceptable, and duly acknowledged, as also any considerations which may appear to have a bearing, however remote, on the subject.

Communications, *if post paid*, will be received by the editor of the *Illinois Medical and Surgical Journal*, up to the latter part of December next, and forwarded by him to the committee. Should a large number of cases with the details fully recorded in

accordance with the plan adopted be received, it is believed that their careful analysis and comparison will lead to very interesting and important results.

AUSTIN FLINT,  
*Chairman of Committee.*

The following is a list of the several points concerning which information is requested of the facts occurring in each case separately. By recording the details in the same order, whenever a case presents itself, the labor will be slight.

Date, name of patient, age, number of children, occupation and habits, general health and constitution, state of health during gestation. Had the Physician shortly previous to the accouchment, visited patient or patients with the puerperal fever or erysipelas? Was the labor natural, or were any unusual circumstances attending it? Of the lochial discharge. Of the secretion of milk, did it take place, and was it scanty or abundant? Date of the attack from the time of labor. Did it come on suddenly, or did the symptoms supervene gradually? Of chills and rigors. Of pain, its location, degree and character. Of abdominal tenderness. Of tumefaction of the abdomen. Of the alvine discharges. Were cathartics administered before the attack, and of what did they consist? Of the pulse, its frequency, size, hardness or softness, compressibility, &c. Of the skin, hot or cool, dry or moist, perspirable, &c. Of the tongue. Of the mind previous to and after the attack. Did the patient anticipate, and dread the disease? Thirst, nausea, vomiting, or other gastric symptoms. Of the urinary secretions, abundant or scanty, appearance of urine. Of the muscular strength, prostration or exhaustion, degree and character. What mode of treatment was pursued, and the immediate effects? What appearance did the blood present, if blood-letting was practised? Duration of the disease. Termination in death or recovery. Post mortem appearances. General remarks. What other diseases have prevailed simultaneously, and have all diseases been marked by any character or characters peculiar to the season? Did epidemic erysipelas prevail before or during the cases with puerperal fever, and what were the prominent characters appertaining to this disease. Detailed records of cases of erysipelas will be very acceptable.

[WE call the attention of our readers to the circular above, and hope that the desire of the committee may meet with the prompt attention the importance of the subject demands. Should the contributions sent by our readers be numerous and valuable, we hope to be able to lay before them in the report of the committee, results important to the profession, and creditable to the contributors.—ED.]



# ILLINOIS

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RUSH MEDICAL COLLEGE.

PROF. BRAINARD'S CLINIC. NOV. 4, 1844.

[Reported for the Journal, by J. H. BIRD.]

CASE 1. — Dayton, ætas  $2\frac{1}{2}$ , was presented to the class, having situated upon the right side of the abdomen, a tumor, extending from the anterior superior process of the ilium upwards, four inches; and from the external margin of the rectus abdominis, six inches outwards. The skin covering and surrounding the tumor was of a livid hue, and interspersed upon its surface, were several small light spots, bearing the appearance of cicatrices. The discoloration, which was a superficial congenital mark, extended downward upon the thigh and upon the back, and was covered with hair. The tumor was hard around its base, but was more yielding to pressure at its apex, giving the signs of fluctuation. The history of the case, as learned from the parents, was, that at the period of birth, the nævus-like appearance of the skin existed, and that shortly after, a tumor of the size of a pea, was discovered in the iliac region, quite firm to the touch; that it had gradually enlarged; but that in the last six months it had advanced quite rapidly, alarming them by its progress and enormous size; the child had complained at times, of pain, but otherwise was quite healthy. The parents were of good constitution, and were also healthy.

*Remarks.*—Gentlemen, you have presented before you an encephaloid tumor: encephaloid tumors are one of the varieties of the cancerous or malignant tumors. Cancerous tumors are of three

varieties, schirrus, encephaloid or cephaloma, and colloid. The schirrus, the first variety mentioned; preferring rather for its development, the female breast, the lips, the testicle, or it may exist in any other part of the body; presents itself as a hard and indolent tumor of small size, giving but little uneasiness to the patient, with but occasional lancinating pains. On examination, you find a hard and dense tissue crossed by fibrous bands; if you cut it, it gives a creaking sound under the scalpel, it presents very much the appearance of a turnip when cut by the knife; a schirrus tumor may remain indolent for a long time, sometimes through life, but generally sooner or later, it assumes great activity, enlarging, approaching nearer the surface, the skin over it, becoming thinner by the distension, bursts, giving issue to a sanious fluid, and the cancerous ulcer is developed.

As I shall speak more in detail on the subject of schirrus in its proper place in the course, I now merely will make a few remarks on the variety before us. The encephaloid is called so, from the resemblance of its substance to cerebral matter. This variety may appear in all parts of the body and also may exist at the same time with the schirrus. In its early development, it is not as dense or firm as schirrus, but is much more active in its progress; on examination you find it cellular in its structure, occasioned by the passage of fibrous bands across it. In its progress, the substance contained within the cells, becomes softened, appearing quite similar to the substance of the brain in infants; and finally like schirrus, it bursts through the skin and the ulcer appears; its appearance, &c., I defer until I reach it in the course. The removal of the tumor, which is the only remedy, often hastens the progress of the disease; still in certain cases, of which this is an instance, an operation would be advisable; about which we will proceed. I shall, after making an incision, dissect out all the morbid tissue and endeavor to save enough of the skin to induce its healing by the first intention.

The Doctor commenced by making a transverse incision across, and then dissected out the tumor, a part of the superficial abdominal fascia and external oblique muscle being found diseased, were also removed; on the dissection of the lower part of the tumor, the skin was found diseased, and was also removed; the flaps of the wound were approximated by stiches and straps of adhesive plaster, and light bandages were applied to exclude the air and support the abdomen. The child bore the operation



quite well, lost but little blood, no vessel requiring ligature, and appeared to evince but little exhaustion at its completion.

Nov. 5. The child is quite lively today and suffers but little uneasiness from the wound.

Nov. 11. The wound has been gradually healing to this date; the major part united by the first intention, the remainder sufficiently healed to allow of the dismissal of the patient. The examination of the tumor confirmed the diagnosis, it presented a mass of substance the greater part of which was quite softened, the fibrous bands crossing it not firm, having the appearance of cerebral matter, from which a serous fluid could be expressed; the remainder resembled more the schinus, but not so dense.

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CASE 2.—Mr. H——, ætas 33, presented himself before us for relief. Dr. Brainard remarked, many of you may recollect this patient, who presented himself before you last winter; you may recollect the starch bandage was applied, and you can observe the good effects of the application. This patient has been afflicted with white swelling of the ankle joint and caries of the inferior end of the tibia with abscess, of five years standing. He has used various remedies and amputation has been advised; and, Gentlemen, you will hardly find two practitioners agreeing as to the treatment of this disease, or in that of sprains and the like; some treating as inflammatory, others stimulating: the cold *douche* has been successfully used in cases of synovial inflammations. In the present case, I applied the immoveable apparatus or starch bandage, to which the patient ascribes his great relief; when he last presented himself before us, he was obliged to use crutches, but now he gets along quite well with two sticks. The Dr. explained the mode of preparation of the paste bandage; he spoke of the good effects resulting from its application in similar cases and in cases of fracture, &c. After the application of the bandage, the patient was requested to report himself at times, that we might judge of its effects. Dr. B. remarked that the bandage would be applied for six months and a cure might be expected, and that notwithstanding the immobility of the articulation, the patient might be able to plod his way through life without much inconvenience.

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CASE 3.—Mr. W. having a fracture of the metacarpal bone of the forefinger, presented himself. Remarks—I was not called at

the time of the accident producing the fracture, but it was very well dressed by another, and as the man wishes to leave town as soon as possible, I will apply the proper bandages. In cases of this kind of fracture, there is not a great displacement of the bones; the effect is, an inward projection, which we will remedy by placing in the hand of the patient, a roller of suitable size, that firm pressure by it, may be made upon the fractured extremities. The proper bandages were then applied.

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CASE 4.—Miss D. having a polypus in the nose, applied for relief. Dr. Brainard remarked: Gentlemen, if I should speak of all the diseases to which the nasal membrane is subject, I would enter into the history of nearly all the specific diseases. This membrane is liable to inflammation and its various effects, as in catarrh; also to the formation of various morbid products. The polypus of the nose has several varieties; the gelatinous, the vascular, fleshy, and several other kinds; they arise from the mucous membrane and generally in the middle meatus. In examining the structure of the nose, you may observe three channels or meatus's communicating with the pharynx; the superior, the middle formed by the two turbinated bones, the inferior, by the inferior turbinated bone and the floor of the nostril. The gelatinous polypus is a jelly-like substance, of a pear shape, attached by a small pedicle; the vascular bleeds at the touch. In the progress of the polypus, it presses upon all the surrounding parts, invading the opposite nostril, upon the orbit, and has even encroached upon the bones of the palatine arch. The patient feels as if he had a cold in the head, and the action of respiration impeded; each inspiration or expiration affecting the situation of the polypus. The best mode of cure, is by tearing the polypus from its attachments, by means of forceps; the force used must be gradual, to prevent the tearing off of a part: in cases of hemorrhage resulting from the partial removal, the removal of the remainder is the indication. In this case, our patient first perceived the polypus, three years ago, it has been gradually increasing in size, giving her much inconvenience, and she now desires its removal. On examination I find it to be gelatinous, and I hope to remove it without much difficulty. The Dr. then tore it from its situation and also a piece of the middle turbinated bone, to which it attached; very little hemorrhage resulted from the operation. Dr. B. then remarked, I will dismiss the patient for the present, and



if on future examination, I may find other similar growths, which I think not the case, the proper means will be pursued for their removal. The next day the nostril was perfectly free and the patient returned home.

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CASE 5.—Mr. ——— having a cutaneous cancer upon the arm, applied for its removal. Dr. B. remarked: Gentlemen, this man has a schirrus tumor of small size upon the arm, and wishes it to be removed without cutting. We have the advantage over empirics, inasmuch as we may effect our purpose in two ways, by the knife and by caustic. Patients dread the use of the knife, as even do surgeons, upon themselves, still the caustic is more painful. We will apply the solid caustic potash or potassa fusa to the surface, and you can judge of its effect; the caustic potash is quite deliquescent, therefore you apply it upon a less surface than is to be affected: a very good preparation for similar purpose, is a combination of the potash with quick lime, formed into a paste with alcohol; this form is good to prevent the deliquescence of the potash, and its irritating the surrounding surface. The caustic was applied till a profound eschar was produced. Dr. B. remarked that the after treatment in this case would be a few dressings of simple cerate, allowing of its cicatrization.

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*Treatment of the Fracture of the Clavicle.* By JNO. EVANS, M. D., of Attica, Ind.

THERE is no fracture so generally maltreated, and yet so easily managed, as that of the clavicle. This may be attributed to the complicated and bungling apparatus of Dessault; which, notwithstanding its inefficiency in meeting the indications of cure, from the recommendation of authors, is generally resorted to by the profession. In ten cases where there had been fracture of the clavicle submitted to my examination, I did not find one in which the fractured extremities had been in coaptation at the time of reunion; and upon inquiry I found that the dressing of Dessault had been, in each case, more or less perfectly applied and relied upon.

The deformity produced by a fracture of the clavicle, is a drooping of the injured shoulder, with a slight approximation to the chest.

The only treatment necessary is to bring the fractured ends of the bone into coaptation, and to keep them there. As taught by the advocates of the figure 8 bandage, the proper elevation of the shoulder places the clavicle in its natural position. As the approximation of the shoulder to the chest depends upon its depression, and the consequent misplacement of the fractured extremities of the bone, its elevation brings those extremities into coaptation, which causes the bone to assume a position, in which by resistance lengthwise, it counteracts the tendency to approximate the chest. But for the difficulty in preventing pressure upon the clavicle itself, the figure 8 bandage would be all that is necessary; as drawing the shoulders directly backward, will, by the counteraction of the rhomboid muscles, elevate them. In one case I succeeded so well, that it is difficult to distinguish the fractured bone from the sound one: by the application of a pillow compressed and rolled into a pad, between the shoulders, upon which a straight stick was placed, extending outward on each side as far as the point of the acromion, forming a neck-yoke, from each end of which a padded stirup passed under the arm, which was drawn sufficiently tight to elevate the shoulders. The only objection to this apparatus is its inconvenience.

I have recently adopted, with entire success, a dressing made by applying a linen or drilling sleeve, extending from the middle of the forearm to a few inches above the elbow, stitched on the arm so as to fit closely when flexed to a right angle, covering the point of the elbow, and crossing it in a direction to fit smoothly when applied: a strap of linen or muslin four or five inches wide, was firmly stitched to the under surface of the sleeves; the end of it next the body was carried across the breast, and the other passed over the elbow across the back; these ends were drawn together over the opposite shoulder, sufficiently tight to keep the bone in place, and fastened upon a pad. A band was passed around the wrist and stitched to the strap passing across the breast, to support and confine the forearm. This dressing meets every indication, in a simple fracture of the clavicle. It has the advantage of simplicity, permanency, and cheapness—can in a few minutes be made extemporaneously—while it is the most convenient and easily worn. The only inconvenience liable to occur, is in a deficiency of padding on the shoulder, allowing excoriation.

Attica, Ind., Dec. 1844.



*Dr. Drake and the Rush Medical College.*—It is known to many of our readers that Dr. Drake, of the “Louisville Medical Institute,” visited Chicago and the region of the lakes during the past summer, for the very praiseworthy purpose of collecting, by enquiry, materials for his work on the diseases of the Mississippi valley. During his tour he has, from time to time, been in the habit of gratifying the readers of the “Western Journal of Medicine and Surgery,” by “Traveling Letters” on medical and miscellaneous subjects. We give below, so much of his letter from this place as relates to our school, but cannot do so without a remark upon one or two points upon which it touches. In reference to the prices of tickets, they are higher in the Rush Medical College than in most of the medical schools of the eastern States.

The lecture fees in the Rush Medical College are \$60; Metriculation fee \$5, Dissecting ticket \$5, Graduation fee \$20.

The fee for the entire course of lectures in the “Castleton Medical College” is \$50; Metriculation fee \$5, Graduation \$16. In the “New Hampshire Medical Institution” \$50; Matriculation fee \$5. In the Berkshire Medical College the same; at Gevena \$65; in Willoughby Medical School \$58.

It will be seen that our fees are higher than those of most of the medical schools with which we come in competition. In the Cleveland Medical School the price of tickets was fixed at \$72, but for some reason has been reduced to \$50. We confess that we cannot see any good reason for such a course. We consider it undignified and calculated to injure the profession and the public, and regret that gentlemen of so much character, and physicians of so much reputation as those connected with that school, should have been for a moment induced to take such a course.

If our fees are lower than those of the “Louisville Medical Institute,” it is not owing to any disposition on our part to cheapen medical degrees, but to the practices of this region being different from those of Kentucky; and in proof of the seriousness of our intentions in this respect, we point with some pride to the fact that our requirements for graduation are higher than those of the Louisville school, there being no time specified in their annual announcement during which the student must have pursued his studies, while here three years are required. As their class is large and increasing, we can see no good reason why some effort should not be made to increase the term of study and facilities for instruction:

we think this more important than advancing the price of tickets. We may add that our anticipations in regard to the progress of the school have been happily disappointed, the present class being more than double that of last year, in numbers, and that all appearances are in favor of the rapid advance of the school.

"Chicago is the head of navigation on Lake Michigan; the port of embarkation for travelers from the south-west, who would reach New York or Boston by Mackinac and Detroit; the place of debarkation for travelers going in the opposite direction, and for emigrants from the northern States to Illinois, Iowa, and Missouri. You will not be surprised, then, to learn, that in 13 years, it has risen from a few families, to a population of nearly 10,000; that it revels in high anticipations; and cherishes quite as much ambition as any other precocious American city.

"Now, lest some of our readers, desirous of changing their location, should resolve to put off for Chicago, I feel it my duty to tell them, that she is already abundantly furnished with physicians. Of the exact number I cannot speak, but the *signs* of an adequate supply are conspicuous; and arrangements have been made for keeping it up, by home manufacture. Of this I gave you intimation in my last, expressing some disapprobation of the proposal to manufacture them here, and in some other places, at so small a cost. In the four days which have elapsed since the date of that letter, my opinions have undergone no change, and of course I still think, that as a cutler, who might advertise to make surgical instruments at half price, would not be patronized by our operators, so, surgeons made at half-price, should not, *a priori*, be regarded by the people, as strong and acute. Among the instruments made by the manufacturer of 'cheap goods,' there might now and then be one of excellent temper, and among the alumni of our cheap schools there may be found some of excellent professional temperament, but neither the shops nor the schools should be judged by these exceptions. Justice however, to Dr. Brainard, the enlightened founder of the 'Rush Medical College' of this place, requires me to state, that he himself, in the abstract, does not approve of cheapening medical instruction; but says he was driven into it by the example of the schools in this latitude, from Geneva, in New York, to Fox River, in Illinois, embracing the intermediate establishments of Willoughby, Cleveland, Laport, and Jacksonville. He and his colleagues, indeed, have it in view, in due time, to advance the price of their tickets. He does not anticipate a very rapid growth of his establishment, and would not, in the infancy of the country, have moved in its organization, but that several towns, which he justly regarded as too small and sequestered, had been made the sites of such institutions. I must confess that this view of the matter is plausible; and that if the patronage which would be distributed among the towns of Laporte, Jacksonville, and St. Charles, were concentrated on



Chicago, it will be for the benefit of the profession and society at large. Indeed, it must, I think, be admitted, that the towns just named, together with Willoughby, in the State of Ohio, are not places where flourishing medical colleges can be built. West of Pennsylvania and New York, leaving out of view the towns on or near the Ohio, the three points favoring and requiring such seminaries, are Saint Louis, Chicago, and Cleveland. The first is connected with the Lower and Upper Mississippi and with Western Illinois; the second has connection with Northern Indiana, middle and Northern Illinois, Western and Northern Michigan, Wisconsin and Iowa; the third may look to Michigan, North-eastern Indiana, Northern Ohio, North-western Pennsylvania, and Upper Canada; within which various States and Territories, there will in another age, be a dense population, supplying students enough for three schools, but not for the *eight* which have already announced themselves. Each of the towns which I have mentioned will have population enough to give business to a faculty of teachers, and subjects for the practical anatomist; each will have a hospital, where clinical medicine and morbid anatomy may be taught; and each will erect such literary and scientific associations, as will favor research and ambitious study, in both professors and pupils.

"The first annual catalogue of the school of this place, just published, embraces 22 students, which is rather more than the first class in Transylvania, or the Medical College of Ohio, and beyond what might have been expected on a spot, which 15 years ago was but a military post and the site of an Indian Agency. I have made a visit to the edifice of the school—(to be finished in time for the ensuing course of lectures)—which will be commodious and respectable. The money with which the Trustees are building it, has been cheerfully contributed by the citizens of Chicago. The faculty have also commenced a *monthly*, under the title of the "Illinois Medical and Surgical Journal," of which Prof. Blaney is the Editor. Each number contains 16 large and well-printed pages the contents of which I have not had time to study, but observe a large proportion of original matter. Thus, Chicago is fairly in the field, and her nearest rival will be St. Louis. I hope they will set an example to their seniors, of honorable bearing in the *certamen gloria*."

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## PRACTICAL MEDICINE, &c.

*Puerperal Fever.*—By ROBERT STORRS, Esq., Doncaster.  
[We publish the substance of Mr. Storr's paper, not so much to prove the contagiousness of certain forms of puerperal fever, respecting which opinion there can be very little doubt, but to show the mode by which the practitioner may carry the conta-

gion from one patient to another: and we would particularly call the attention of every obstetric practitioner to this interesting subject. Mr. Storrs thinks that medical men do not go far enough in considering this disease to be propagated by medical men and nurses from one puerperal patient to another. He thinks that it is quite as frequently carried by the medical attendant to each fresh labor-case from some original infectious case, whether of gangrenous erysipelas, or typhus fever, or of whatever animal poison besides may hereafter be found to produce it. In some cases which occurred in his own practice, he has no doubt that he took it to each patient from a case of gangrenous erysipelas with subsequent abscess, which he was attending at the time of these unfortunate occurrences. And such may be the case of other practitioners. They think that they convey the contagion from one puerperal patient to another, instead of from one common source. They probably lose a puerperal case and immediately take every precaution to prevent a similar occurrence, by careful ablution, and a complete change of dress. Nevertheless the next case of labor is attended with the same fatal result; simply because the practitioner is still in attendance on the case which originally gave rise to the mischief. Mr. Storrs was not only himself convinced of this fact, but wished to ascertain the experience of other practitioners, and for this purpose he wrote to several of those who had met with the disease in their practice. Among the rest to Mr. Reedal, of Sheffield, from whom he received the following remarks.]

At the time of my attendance on those females who were subsequently attacked, I had under my care a young man laboring under sloughing bubo; combined with erysipelatous inflammation of the scrotum and nates, of a malignant character, which required dressing daily, and which ultimately proved fatal. It may be somewhat corroborative of the supposed dependence of this form of puerperal fever on an animal poison generated by this sore, and propagated by contact, that the sister of the young man, who waited upon him, was seized with erysipelas of the head and face, of a very low, typhoid nature, which terminated fatally in a few days.

It would be unnecessary in me to repeat my implicit belief in the contagiousness of this disease, and its connection with this case of erysipelas; but if further confirmation were needed, I might adduce the circumstance, that immediately antecedent to my taking the charge of the above case of erysipelas, I had met with no case of puerperal fever, and that upon discontinuing my attendance upon the young man (which I immediately did upon the belief that I was the medium of conveying infection from him to the puerperal cases), I had no recurrence of the puerperal fever.

I may give it as my opinion, that in all my cases the disease had one common origin, viz., the bubo, and was not communi-



cated from case to case. I should also wish to state that at the same time those cases occurred to me, Mr. Parker, then my pupil, but now resident in Sheffield, attended many midwifery cases, and all recovered well. He never visited the erysipelatous patient. The above cases were not confined to one locality, but were living in different parts of the town, showing that the disease did not arise from any local cause. As I have previously stated, I had very strong suspicion, after the first case or two, that I was conveying the infection, but could not discover how until the sister was seized. This was the most malignant case of erysipelas I ever witnessed. I then began to think whether I was not conveying the poison from this source.

[In these as well as in all other cases reported, treatment proved unavailing. Mr. Storrs proceeds to say—]

Three surgeons, residing in the same town, attended the post-mortem examination of a patient who had died from gangrene after an operation for strangulated hernia, and were all of them employed in handling the diseased parts. One of them was called from the inspection to a case of labor, which terminated in fatal puerperal fever; he had others in rapid succession. The other two surgeons had also fatal cases of puerperal fever within a day or two after the same inspection. On casually meeting, they mentioned their misfortunes to each other, and were thus convinced of the origin of the disease. They all abandoned practice for a short period, and had no more of it. I would here briefly draw the attention of the reader to the remarkable and striking fact of Mr. Reedal having five fatal cases of this horrid malady in labors which he attended so immediately after dressing a case of malignant erysipelatous disease, and on his leaving off attendance on this case having no more of it, and that neither his pupil even, nor any other medical gentleman in Sheffield, had any instances of it among their labor cases; also that Mr. Sleight had two cases whilst in attendance on a case of erysipelas; that Mr. Hardey's cases also arose while he was in attendance on a case of sloughing abscess and of erysipelas. And again, that three surgeons were simultaneously the means of spreading puerperal fever from one post-mortem examination of a case of gangrenous erysipelas—a combination of evidence I think sufficient to convince the most sceptical that this disease produces a subtle animal poison, which is instrumental in propagating, when puerperal women are subjected to its influence whose predisposition favors it, a disease in about thirty-six or forty-eight hours afterwards of the most inflammatory, prostrating, and violent character—a disease which stamps death on the features and in the symptoms immediately on its occurrence.

[Mr. Storrs next enumerates a great many cases recorded by different practitioners, all of which prove that each disease had a common origin from some case of erysipelas or sloughing ulcer.

He concludes his very interesting paper with the following advice:]

As it is well to be always guarded against such a misfortune, I think it desirable for midwifery practitioners to avoid attending labors in the same dress in which they attend their ordinary patients, especially the coat, as this garment must be the one most likely to be the means of conveying fomites; and at any suspicious period, when typhus or erysipelas are prevailing, to carry out the same carefulness even in the after-attendance on labor cases. I should also, after a post-mortem of any kind, or after any operation upon any case of erysipelas, or of typhus, recommend the most careful ablutions of the hands, and for the surgeon to avoid attending on a labor in any part of the dress in which such operations have been performed, not forgetting the gloves, as the hand and arm are the chief instruments of contact. Where, however, the disease has been unfortunately once set up in a practice, an absence from home for a fortnight or three weeks, a total change of raiment, the most careful ablutions, and a perfect avoidance of every case likely to have been the source of animal poison, should alike be adopted by the practitioner.—*Prov. Med. Journal*.

[In the *Provincial Journal* for January 13, 1844, p. 287, Mr. Elkington, of Birmingham, relates several cases which in a remarkable degree confirm the previous facts and opinions.]—*Braithwaite's Retrospect*.

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*Nature and Treatment of Piles.* By M. LISFRANC.—Hæmorrhoidal tumors are composed of a sort of fibrous tissue, in which only a few vessels are to be found when there is no congestion; and when this exists, however violent it may be, these vessels are never so numerous as in erectile tumors. On upwards of one thousand bodies, from which I removed the rectum, and in the numerous operations I have performed, I never as yet have met with a real erectile tumor in this region. This fact renders the prognosis less dangerous, and an operation not so indispensable. It may, therefore, be concluded—1. That though, without a doubt, veins more or less voluminous may be found in hæmorrhoidal tumors, still these last are not formed of varicose veins. 2. That their composition differs from that of erectile tumors.

Let us now examine the best mode of treatment for chronic hæmorrhoids. They cause little or no pain; if they protrude when the bowels are acted upon, the patient easily reduces them himself; they offer no ulcerations or indurations. In these cases most surgeons perform extirpation, without reflecting on the danger which may follow this operation; for it must not be forgotten that it sometimes gives rise to very serious accidents. I never operate on similar occasions; and am convinced that a surgeon who cures without having recourse to the knife is far more useful than the most brilliant operator. I strive to diminish the size of the hæmorrhoidal tumors without employing the bistoury. A mi'



diet, gentle exercise, large or small venesections, as needed, produce generally an amelioration; when these fail, I direct on the part affected a shower-bath of Bareges water, or pure water, at the temperature of 68° F., and an injection into the interior of the rectum. By this method of treatment, if I do not succeed in obtaining a radical cure, at least I soothe the patient's sufferings. If you have not the means of administering a shower-bath, and the hæmorrhoids are protruded, by passing slightly over their surface the nitras argenti, not so as to cauterize, but merely to excite them, you will often succeed in obtaining their reduction; after which, in general, they do not re-appear. When the hæmorrhoidal tumors are slightly ulcerated, I cauterize them with the nitrate of silver, or the acid nitrate of mercury. If the ulcerations are inveterate, and accompanied by induration of the surrounding parts, an operation is necessary; but that generally employed, viz., to seize the tumor with *Musieux pincers*, and to cut it off, may give rise to serious and even fatal hæmorrhage. The method I would advise in such cases does not present this danger, and is thus performed:—Two semi-lunar incisions, united by their extremities, must first be made on the tumor; this is then seized, so as to prevent the parts retracting as divided; the hæmorrhoid is next extirpated, not at once, as formerly, but by small incisions, so as to permit me to tie or twist the vessels as they are cut; finally, when it is nearly removed, I seize the pedicle between the forefinger and thumb, to be certain that no artery exists in its interior, and finish the operation slowly and carefully. A consecutive accident, very serious when it takes place, is *coarctatio recti*. In several cases Dupuytren was obliged to perform a second operation, in order to restore to the intestine its natural size, though he had employed all the necessary precautions to prevent this accident. During the first two or three days we must not introduce anything into the rectum; but as soon as the fears concerning the development of traumatic inflammation are over, we must have recourse to tents of large dimensions, and make the patient wear them constantly for at least three weeks, after which, for two or three months, he must introduce a large gum-elastic sound into the intestine every evening.—*Med. Times.*—From *Braithwaite's Retrospect*.

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*Erysipelas—treatment with ointment of Nitrate of Silver.*—Erysipelas, the ambulant and stationary, both forms of frequent occurrence and often serious, are differently treated in the hospitals and in private practice. The method of Dupuytren, however, (flying blisters,) appears to be generally adopted, and its results are, in fact, sufficiently satisfactory. M. Jobert follows a different method which he finds is perfect. It consists in surrounding the erysipelatous surface with nitrate of silver ointment, and the phlogosis promptly disappears. The ointment is prepared of three degrees of strength:—the first contains four parts of the salt, the

second eight, and the third twelve to thirty parts of lard. The parts selected are anointed with a small portion of the ointment, at distances of a few centimetres, each spot being of the size of a dollar, and then covered with blotting paper. A simple eruption results, but never an eschar. The medicine is absorbed, doubtless, and acts dynamically like cantharides. The antiphlogistic action of nitrate of silver is now perfectly established, and its beneficial effects in all phlogoses can no longer be doubted.—*Annales de Thérapeutique*, from *Am. Journal*.

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## BIBLIOGRAPHICAL NOTICES.

*The New Orleans Medical Journal.*—We have received (in exchange) the 2d and 3d numbers of this periodical. Its first number was issued in May last, under the editorial conduct of ERASMUS D. FENNER, M.D., and A. HESTER, M.D., one of the Physicians to the New Orleans Charity Hospital. Each number contains 128 octavo pages, and is issued at the beginning of every other month, at a cost of \$5.00 per annum. Much merit is due to the projectors of this enterprise and many thanks from the profession generally. We have long felt the want of some source, upon which we could rely for information, respecting the dreaded diseases of the southern part of the United States. This is supplied by the valuable publication before us. We have perused its pages with interest and profit, and hope its circulation may be wide and rapid, both for the good of the profession, and as a just reward of the merits of the undertaking. We hope that we may be favored with the 1st No., which we have not yet received.

ED.

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## GENERAL INTELLIGENCE.

*Trial for Malpractice.* BENJAMIN BARTLETT vs. SOLOMON BLOOD.—This was an action for damages, brought by the plaintiff, in the Racine County District Court, October 30, 1844. It appeared by the testimony that Bartlett, about a year previously, while working on a house, fell, and the roof, covered with snow, fell upon him. He was carried to his own house and Dr. Blood sent for, who, on arriving, pronounced it a fracture “of the point of the shoulder,” and for dressing, applied a pad between the arm and breast, a roller about both; and, according to some witnesses, one which passed from the elbow of the affected side to the opposite shoulder. This required replacing twice; and after the second replacement, about three weeks after the accident, the Doctor’s attendance was discontinued, he alleges to have been



dismissed. On examination of the arm, Oct. 29, 1844, we found the following appearances. The shoulder presented considerable fullness, the muscles not being very much atrophied for want of use. The external extremity of the clavicle was a little above the acromion, the superior surface of which was irregular, and had the appearance of having been slightly depressed at its point, but was immovable. The arm could be raised to a horizontal position. The rotation was imperfect, and when raised to that extent the tendons of the pectoralis major, and of the latissimus dorsi and teres major muscles, were felt to be tense. The forearm could be extended so as to form an angle of  $45^{\circ}$ , with the line of axis of the humerus, and flexed a little beyond a right angle. From this latter circumstance, it had been supposed that the radius was dislocated forwards, but this part of the declaration was withdrawn before the trial. The hand was prone and could only be partially supinated, the tendons about the elbow were rigid and tense when efforts were made to perform extended movements. These were the only abnormal appearances. It was the opinion of most of the medical witnesses, that there had been a fracture of the acromion, which was well re-united, an opinion which we ourselves entertained. The loss of movements we attributed to the rigidity of the fibrous tissues, but whether the original injury was such as to have permitted of a perfect restoration of the member, *within a year*, we would not undertake to decide, nor do we think any one can do so. The perfect union of the acromion showed there were not great defects in the treatment of the fracture of it. The jury, however, seemed to think the Doctor was bound to restore the arm to its movements, and gave a verdict for the plaintiff of \$300 and costs.

If we consider that the contusions must have been extensive, and that there may have been injury of the axillary plexus of nerves; that when a surgeon is dismissed he has often no means of proving it; that the movements of the member might be still improved by suitable treatment, we doubt not that Dr. Blood will have the sympathies of many members of the profession; for, if a surgeon is to pay all the damages which patients may sustain from such injuries, without their being called upon to show that they took suitable means for the restoration of the movements of the member, *when the surgeon was not in attendance*, we see no security for the rights of the latter. If instead of commencing a suit Mr. Bartlett had applied to a surgeon, we think ourselves jus-

tified in expressing the opinion, that there was still time for the restoration of many of the movements and uses of the member, and that, even now, when a year has elapsed, much might be done by judicious and continued treatment, to restore it.

D. B.

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*Death of Dr. Samuel Forry.*—Although the death of this gentleman was noticed in our necrological record last week, we are prompted, by feelings of respect for his memory, to recur again to the melancholy event. Those who were conversant with Dr. Forry's condition in his last sickness, unhesitatingly say that he was a martyr to severe study. The brain was over-worked by laborious investigations, and he fell, in the beginning of his usefulness. His organization appeared to be feeble, and liable to be easily deranged by prolonged mental activity. It is probable that the exposed life he led in the Florida war, while holding a medical commission in the Army, contributed to weaken the physical energies of a naturally frail body, and lessened the resisting powers of the system to the attacks of acute disease. In person, Dr. Forry was of middling stature; his figure was slight, with an expression in his countenance that was indicative of the man of thought. In the circles of medical sciences vital statistics seemed to be the province which afforded him the most satisfaction. Perhaps no one was ever more thoroughly devoted to investigations on the effects of climate, than himself. The work produced by him on this subject during the last season, is the one which will most favorably transmit his name to posterity. In it the peculiar bias of his active mind was exhibited. For analyzing great principles, and explaining laws and phenomena connected with this department of science, he had no superior in this country. As a journalist, and chronicler of the claims and fame of others, he had scarcely time, since the commencement of an editorial career, to exhibit all the talent we considered him capable of exercising. There was a fairness and spirit of candor in his leading editorial comments, that never provoked others to war against the editor, however much some might have objected to the freedom of correspondents.

A meeting of some of the physicians of New York was recently held, at which resolutions were passed in relation to the early death of Dr. Forry, exceedingly creditable to them. May the monument they propose to raise over his grave speedily mark the spot; and may those who knew him, emulate his virtues, that they may, like him, live respected and die lamented.—*Boston Med. Journal.*

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A letter from Dr. JNO. EVANS arrived after the article referred to therein had gone to press. His request could not, therefore, by any possibility, be complied with.

ED.



# ILLINOIS

## MEDICAL & SURGICAL JOURNAL.

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NO. 10.

### RUSH MEDICAL COLLEGE.

PROF. BRAINARD'S SURGICAL CLINIC. DEC. 2d, 1844.

[Reported for the Journal, by J. H. BIRD.]

CASE 1.—Mr. ——— having a disease of the eye, was presented. Dr. Brainard remarked that this man has a violent disease of the eye; he suffered, according to his own account, with some acute inflammation of an internal organ, to which succeeded severe pain in the eye and great inflammation. He has inflammation of the conjunctiva with onyx, the result of inflammation of the cornea. Onyx is the collection of pus within the lamellæ of the cornea. It may discharge itself externally, causing an opacity with staphyloma, or protrusion of its surface. In inflammation of the cornea, you may observe a vascular zone on the sclerotica surrounding the cornea, the redness of which, if inflammation of the conjunctiva is absent, is less marked at a distance from the cornea. A good diagnostic sign in diseases of the eye is, that in inflammation of the cornea, sclerotica or the inner parts of the eye, the patient has a great dread of light—not so in inflammation of the conjunctiva.

The object to be effected, is the removal, as far as possible, of the opacity of the cornea, and of the granulated state of the conjunctiva. The removal of the former is best effected by the action of mercurials; the anti-plastic and absorbent power of the medicine having good effect upon the disease. We will remove the thickened state of the conjunctiva, by a solution of nitrate of silver, grs. ij. to the ounce of water, one or two minims dropped into the eye several times a day—with regular regimen and diet

—with the administration of the following prescription:—R. Calomel grs. iij., opium gr.  $\frac{1}{4}$  every night until system is affected, a cure may be expected.

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CASE 2.—Mr. S., ætas 20, having converging strabismus of right eye, presented himself for operation. Dr. B. remarked that the operation for the cure of strabismus was first performed by Dieffenbach, in 1840, and like all new discoveries, it had numerous admirers, and surgeons who could not number their operations, by hundreds of cases, were ashamed of their inactivity; but the effects of the operation not equalling the reports of sanguine friends, or the expectations of patients, it fell into disrepute, and surgeons now are not as anxious to operate as formerly. Strabismus is a deviation of the axis of the eye from its true position; the true axes of the eyes are slightly convergent. Strabismus may be either converging or diverging. There is a variety in children from spasmodic action of the muscles, from cerebral irritation, generally converging, which spontaneously disappears after the removal of cause, or requires operation. Rheumatic inflammation of the tendons produces quite often their contraction, so rheumatic inflammation of the eye, or its muscles, may produce the deformity under notice. Diverging strabismus may be caused by a paralysis of the third pair of nerves; numerous other causes may produce the disease, among which is the difference of power in the two eyes, causing greater use of the sound one. The division of the contracted tendon or tendons is the remedy indicated. The point of division is either near the margin of the sclerotica, or farther removed; I prefer the first, as in the latter, owing to the distance between the conjunctiva and tendon, granulations may arise from the surface of the incision, which require generally removal by excision. The tendons of the recti muscles are expanded into a continuous fascia, which surrounds the globe of the eye and gives that pearly appearance to the sclerotica, seen beneath the thin membrane, the conjunctiva, covering it. The want of success in the operation often results from not sufficiently separating the attachments of this fascia to the sclerotica. A bad effect of the operation, when but one eye has been operated upon, is sometimes a staring appearance; if both eyes are operated upon they are uniform, therefore an operation upon both, if practicable, is preferable. As a remedy for this staring, I propose the division of the tendon of the levator palpebræ superioris, or of



the expansion sent from the superior rectus to the upper lid, which will enable the lid to fall more easily over the eye. The dressings, after the operation, are a simple compress and roller; the period of confinement should be from nine to twelve days. The present deformity has existed from infancy, and is ascribed to whooping cough.

The Doctor described the various instruments used in the operation, but preferred the forceps for retaining the eye in its position, to the double hooks recommended by authors, and stated that he generally divided the conjunctiva to the extent of three-fourths of an inch. The operation was performed and the patient dismissed.

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CASE 3.—Mr. ——— having inflammation of the eye.

*Remarks.*—This is a case of inflammation of the conjunctiva of a year's duration, now become chronic. There was originally conjunctivitis, but the cornea has also been inflamed, and the eye presents the following appearances: thickening of the conjunctiva covering both the lids and eye, dullness of the cornea, it having lost its polish, with irregularity of its surface. The disease is too far advanced to remove the nebulosity of the cornea, and it will be permanent. You will often find patients complaining of weakness of the eye, which results from a chronic inflammation of the conjunctiva with slight granulation. There is also generally connected with it, inflammation of the meibomian glands, with a change in their secretions, from a healthy fluid which lubricates the margins of the lids, to a puriform one, producing an adherence of them. The ointment of the nitrate of mercury, in the proportion of one part to four of lard, or *R.*—Sulph. zinc *vj.*, spermaceti oint. *ʒj.*, form good applications in the latter disease.

In private practice, the necessary rules of regimen, diet, &c., cannot be enforced as in hospital practice, so the cure is not as certain or as speedy. I employ alternate scarifications and cauterizations. As a cautery I use generally the sulphate of copper in substance, applied lightly to the surface, or the solid nitrate of silver. The patient has used various empirical remedies, Thompson's eye water, which is a combination of acetate of lead and opium, and other irritants, until I wonder he has any eyes at all. As bleeding and purging are not necessary in this case, we will merely prescribe the ointment mentioned, and alternate scarifications and cauterizations.

CASE 4.—Miss ———, ætas 19, with converging strabismus of right eye and slight convergence of left.

*Remarks.*—In regard to the success of the operation. This is my forty-second case, and at least in three-fourths of the number operated upon, the result has been quite successful. As I sufficiently enlarged upon the subject of strabismus in a previous lecture, I will merely mention that the indication of the deformity in both eyes, is judged of by the extent of lateral movements of the eyes, and the extent the cornea may be hid by the internal commissure of the eyelids. The Dr. then performed the operation and the patient dismissed. A few days after, the operation was found to have been successful, the eye having taken its true position and the incision having healed.

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CASE. 5.—Mr. ——— having disease of the eye.

*Remarks.*—Gentlemen: To illustrate the subjects already treated of, I bring before you a case of traumatic inflammation of the eye, caused by a blow upon the eye. There is a wound of the lower lid, haziness of the cornea, and opacity at its internal parts. There is chronic inflammation of the cornea, you may observe the vascular zone around its margin; there is a slight inflammation of the conjunctiva; there is also inflammation of the iris, the pupil is contracted and deformed, and not at the centre of the cornea; there is a marked difference in the color of the irides, the affected one of a darker and reddish hue. These morbid appearances are the result of a blow from a board, about three weeks since. The patient experienced much pain, seated in the orbit and extending upwards upon the forehead, in the temporal region, and upon the face and nose; which was more violent at night, as is the case in inflammation of the fibrous tissue. The treatment indicated is to remove the inflammation and restore, as far as possible, the eye to its normal state. The effects of our treatment will leave the cornea clear, the pupil immoveable; there will be opacity of the lens. The restoration of sight will be impossible, but by means of our treatment, the eye will be left in such a state, that by the operation for cataract, the patient can see, if the other eye should be lost, which is liable to occur, owing to the great sympathy existing between them. Conjunctivitis, as I have said before, is not benefitted by the use of mercurials, but in inflammation of the cornea, these are of essential benefit. We will therefore prescribe calomel, grs. iij., three times per day until system is slightly af



ected; also the application to the eye of R.—Belladonna grs. iv. to water fʒj., to dilate the pupil; and make a stimulant application of R.—Nitrate silver grs. iij., water fʒj., in the usual manner. A blister to the nuchæ would also be serviceable.

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CASE 6.—Mr. ——— with chronic conjunctivitis.

*Remarks.*—This case presents all the ordinary appearances of the chronic inflammation of the conjunctiva, granulation, pannus, opacity of the cornea, and blepharitis, which you will meet with quite often in your practice. This case is the result of active conjunctivitis, three years since, and now the disease has become chronic. Our treatment is alternate scarifications and cauterizations with sulphate of copper, and the application of citrine ointment to the lids. This treatment is usually successful, if properly pursued, but patients generally object to the confinement; a period from three to six months would restore the eye to its healthy condition; but a few weeks will show a decided improvement. As our patient consents to some confinement, you will have the opportunity of judging for yourselves. Purging and depletion are not admissible, but a guarded regimen and a good nutritious diet is to be advised.

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*Case of Dry Mortification, preceded by Convulsions, in a Puerperal Patient.* By G. N. FITCH, M.D., Professor of Obstetrics, &c., in the Rush Medical College.

MRS. K\*\*\*\*, aged 18, of full habit, florid countenance, and enjoying good health, in labor with her first child, (in the summer of 1843,) was seized with violent convulsions. Being present, I bled her copiously. Relief from the convulsive movements and evidences of cerebral determination immediately followed, but not a return of sensibility. A blister was applied to the back of the neck, an enema administered, followed by an active saline cathartic. Uterine efforts continued, but the foetus not being sufficiently low in the pelvis to safely permit prompt manual, or instrumental delivery, the case was left to its natural progress. Delivery, of a dead child, occurred in about six hours after the bleeding. Complete sensibility was restored in about the same length of time after delivery, and the patient bade fair for a rapid and entire recovery of health and strength.

The third morning after delivery, however, a messenger informed me that she had suffered all the previous night with violent pain in the great toe of the left foot. Surrounded by a press of professional engagements, I paid but little attention to the report, presuming the pain a trivial matter, consequent, perhaps, upon some injury received during the convulsion. An opiate liniment was prescribed. The next day the pain was represented as so excruciatingly severe, I visited the patient. She was in bed, in a sitting posture, grasping the affected foot, a short distance above the toe, with both hands; her countenance pale, and indicative of great distress, pulse accelerated, weak and irritable, tongue moist and but slightly coated, no thirst, and appetite good. Surface of natural temperature, except that of the affected foot, in which there appeared to be an entire absence of animal heat. No tumefaction, no discoloration, but a deadly coldness of the foot, and exquisite tenderness of the painful toe. The severity of the pain equalled that of any case which has fallen under my observation.

The pulse and previous depletion, for convulsions, forbade the use of the lancet. Local applications of every grade of stimulation and temperature were unproductive of any mitigation of the severe suffering, except an infusion of hops in vinegar, which usually procured a short interval, not of exemption from pain, but mitigation of its utmost severity. Opiates became the only resource, and were freely administered. On the fifth day from the commencement of pain, a small dark-brown spot presented itself on the upper surface of the great toe. This spread rapidly, and as it extended, the pain, equally severe, became more diffuse, occupying the surface immediately contiguous to the gangrenous. There was no alteration in the color or temperature of the sound part, but an absence of the extreme tenderness to the touch which previously existed in the toe. The gangrenous part had a dark-brown, dry, shrunken, or shrivelled appearance; there was no discharge, no fœtor, and no detachment of the cuticle, except in one place, where a small blister had been applied (without my advice) upon the then sound part, but which the gangrene entirely occupied the next day. I have said there was "no discharge, no fœtor." Such was the case, until the disease occupied about one-third of the foot, when a partial line of separation between the dead and living parts became manifest on the outer side of the foot. From this line issued a thin sero-purulent discharge, extremely offensive. Meantime the disease was still spreading on the in-



ternal side of the foot, with no mitigation of pain. The patient, at times delirious, was rapidly sinking from loss of sleep, recent loss of appetite, and offensive discharge. It was evident she could not survive long enough to permit a natural separation of the dead part. Amputation above the ankle, as high up as the *extreme* coldness of surface extended, was proposed. It was preferred (by the husband and the father) that the operation should be performed through the tarsus, even at the risk of her being compelled to submit to it, a second time, in consequence of the disease seizing the stump. The tourniquet having been applied, the amputation was commenced through the articulation of the scaphoid and astragalus, and completed by sawing through the cuboid. In its progress, discovering there was no hæmorrhage, the tourniquet was taken off. Not a spoonful of blood was lost and no vessel tied. The stump was dressed in other respects as usual. The patient improved rapidly, and the stump entirely healed in about two weeks. She has since had a premature birth of twins, (dead born). Her general health is good, but the entire lower half of that limb unnaturally cold.

What was the cause of the gangrene? Most assuredly not ergot. She had taken none medicinally, the family consumed no rye, and the patient ate very little bread of any kind, except from corn. Was it connected with the previous convulsions? Or arising from ossification or inflammation of the arteries? The latter, from the symptoms, is the most probable cause. It appears, however, to have formed an exception to the general rule in such cases,—not to amputate, before a well-marked line exists between the dead and living parts.

Logansport, Ind., Nov., 1844.

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## PRACTICAL MEDICINE, &c.

### BLACK-TONGUE.—ERYSIPELAS.

BLOOMINGTON, Ill., May 20, 1844.

*Dr. W. H. Teggarden:* Dear Sir:—Your letter of the 16th ult., requesting my views on the nature and treatment of the disease called the "*Black Tongue*," has remained unanswered, in consequence of my pressing engagements, growing out of the protracted prevalence of our epidemic. Having, on this day, only four cases on hand, three of which are convalescent, I propose entering into the subject with as much brevity as is consistent with

a full understanding of its character and mode of treatment. And as *names* are of much importance in the practice of medicine, influencing, as you are well aware, nine-tenths of the profession, I am compelled to tell you that our disease is not the "*Black Tongue*" at all! This may somewhat abate your anxiety to know about it; but when you learn its history you will say with me that it is one of the strangest epidemics that has ever visited any portion of our country. It commenced its ravages in Pekin, on the south-east side of the Illinois river, early in the last autumn, where its mortality is said to have been very great; but it did not present itself in this vicinity until January, and then in sporadic cases of widely different character. As the season advanced the cases became numerous, and what is exceedingly singular, it seemed to fix on particular neighborhoods, where it lingered, until all who were susceptible of its influence, suffered attacks of greater or less malignity. As it declined in its first locality, other portions of the country fell under its sway. Its progress has been remarkably slow, and the space over which it has spread is very limited. It is understood that none of the towns on the north-west side of the Illinois have suffered at all, and that the extent of its ravages on the south-east side, has not exceeded a radius of 50 miles. Many believed it contagious; but this opinion has become even here, an "obsolete idea." The persons most liable to its attacks have been females either in the puerperal state, or advanced in years, and men of feeble or deranged health. Children and robust persons have escaped almost entirely.

The symptoms were very diverse. It almost invariably commenced with a chill succeeded by active febrile excitement, and accompanied with a variety of local affections, some of which were very troublesome, and all of which created in the minds of the people great apprehension and dread. The most common of these local affections, was an inflamed condition of the tonsils, and of the fauces generally, producing in some instances so great a swelling of the parts as to impede respiration, and almost to obstruct deglutition. This, in two instances which I have seen, extended to the tongue, enlarged it to two or three times its natural size, and this state of things has, I presume, given origin to the name, by which you have heard it called. Erysipelas of the face, commencing on the nose, and extending from this, as a centre, until the whole face and ears, and anterior portions of the head and neck are involved, was also frequent. In those cases which fell under my observation, the erysipelas appeared on the hand and forearm. In several cases, after having appeared on the face, or in the throat, it fell on the arm pit, producing very painful tumors of the axillary glands, which, after a protracted period, terminated in suppuration. I never saw it on the body, in the first instance, except in a very mild case. In two instances it caused a single blister on the fore finger, about the size of a quarter of a dollar, so nearly resembling a burn, that my first impression was, that it had



been caused by contact with the stove. In many cases, the local disease was a most painful affection of the collar bone, or the ancle bone, or of the fingers and toes without any swelling of these parts. In one case as an original disease, and in two of relapse, in one of which the disease had first assumed the character of erysipelas in the face, and in the other of sore throat, a most painful and obstinate rheumatic affection displayed itself. In one most singular case the tonsils were greatly enlarged and at the same time a very firm, but not painful tumor, of a very indolent character, extended from the ear to the clavicle, evidently composed of enlarged lymphatic glands. These were the primary local affections, but as secondary symptoms, we had inflammation of the membranes of the brain, lungs, and abomen, the former producing stupor; the latter constituting pleurisy and peritoneal inflammation; and in several cases, suppuration of the tonsils, and of the glands of the arm-pit, and in one a deep-seated abscess beneath the fascia of the thigh.

A disease so eccentric cannot, perhaps, be designated by any name, which would be unexceptionable. That it was epidemic admits of no dispute, as in conformity to the laws which govern this class of diseases, it alone reigned during its prevalence. We know next to nothing of the causes which give a peculiar character to epidemics, but it is very certain that they are greatly under the influence of the common exciting and predisposing causes of disease. Thus women in a peculiar condition, and men of feeble health, were predisposed to our epidemic, and a period of damp, cold weather never failed to excite it in those susceptible of its influence; whereas a few days of sunny and cheerful weather put an immediate stop to its progress; and all who were sick became convalescent. I was in the habit of calling our disease *Epidemic Erysipelas*, and when the local affection was on the surface, or even in the throat or tongue, I conceived the name strictly appropriate. When some deep-seated part bore the burden of disease, the term was equally proper, though its fitness was not quite so apparent. The history of a single case will illustrate this view of the subject.

I was called to a patient with sore throat and high fever; under proper treatment the disease was dislodged from this part, and then suddenly, after a few days' respite, attacked the pleura costalis; from which it retreated to the cardiac orifice of the stomach or to the diaphragm. After hanging on this part, producing a most annoying hiccough for five days, it changed its location and appeared in genuine *Erysipelas* on the face. After spreading for two or three days, during which there was an appearance of convalescence, it disappeared and seized on the membranes of the brain, producing, as I believe is always the case when erysipelas attacks those parts, great stupor, and under the combined influence of such frequent assaults the poor fellow sank. As in all the instances of epidemic erysipelas of which we have any record,

women, in the puerperal state, were most exposed to its ravages; so it has been with us: the disease in such cases uniformly appearing in the form of *puerperal fever*. For some time scarcely any escaped, unless the medical treatment was commenced before the birth of the child, and continued until the milk secretion was fully formed.

The disease was inflammatory, and demanded, throughout its early stage, an active antiphlogistic treatment. In many cases the lancet could not be dispensed with, and I was often compelled to use it repeatedly. The blood was generally buffed. Local depletion was also of inestimable value. I was in the habit of scarifying the tonsils freely, and in the two cases of swollen tongue, I plunged my lancet into it boldly. The relief afforded by the abstraction of even a small quantity of blood in this way was very remarkable. The next remedy in point of time, if not of value, was an active emetic of tartar and ipecac., and this I have repeated several times in the progress of the disease. The next in value was the free exhibition of mercurial cathartics; these were given to change the secretions of the liver, which were always, more or less, deranged. Cooke's pills or a dose of calomel, or calomel combined with Dover's powder, or opium alone, succeeded by a dose of oil or senna, after an interval of twelve hours, were the most common forms of exhibition. These were repeated and varied according to rules now well understood, until the secretions of the liver were changed. Simultaneously I directed stimulating liniments, sinapisms, or blisters to the neighborhood of the local affection, or when it appeared on the surface, the blisters were applied to the part itself. I used the mercurial ointment and lunar caustic as a local application in a few cases, but with no satisfactory results. The lancet, the emetics, the mercurial cathartics, the occasional combination of calomel and opium, and the counter-irritants were the great remedies, under a judicious use of which all cases would, I think, yield if commenced in time. The pulse ranged from 90 to 120, and in some puerperal cases to 160, and I believe in this, as in all other cases, the utility of bleeding was determined by the impression made on the pulse; when it did good it reduced its *frequency* as well as its *force*. I scarcely ever bled without making my patient sit up, an invaluable rule of practice, for which the profession is indebted to Dr. Marshall Hall, and then I bled to incipient syncope. The tolerance of the loss of blood was in some cases great, in others but little, and I was governed in my use of the lancet by this circumstance. I should perhaps say more about puerperal cases, but there was nothing peculiar in the symptoms or treatment; the disease was, in the two cases which I saw, formed before the birth; most generally, however, it came on within three days after it, and then with a sudden chill, followed with rapid pulse, tenderness of the abdomen, headache and indomitable thirst. The lancet should be used in the first paroxysm, if at all—and hence the necessity of apprizing the



friends of the danger that they may send for their medical attendant instantly on the occurrence of the chill. Calomel alone, or combined with anodyne sudorifics, could not be dispensed with, and the remark made by Dr. Gooch was confirmed by my observation, that where pytalism took place recovery was certain. But whether this was the cause or the indication merely of amendment, I confess my inability to decide. I ought perhaps to add, that the tendency in this epidemic to abortion was very strong, and in all the cases of which I have heard any particulars, the danger from hæmorrhage was alarming. The tongue was generally heavily coated with a moist white or yellow fur, becoming in bad cases dark, dry, and cracked. All of the symptoms pointed out the great derangement of the chylopoiætic viscera, and any practice which overlooks the morbid condition of these organs must be exceedingly defective. In a few words, the circulation should be reduced, when it is too active, by the lancet; the stomach should be emptied by emetics, and the bowels freely and repeatedly discharged by mercurial cathartics; the local affection, whatever it is, should be attended to, by its appropriate remedies, already referred to, but it so invariably followed the condition of the system, that an improvement of this never failed to remove them.

I should not omit to state, that I saw a number of cases in which, during the progress of the disease, after the subsidence or removal of the more active stages, the circulation became so languid that I was compelled to resort to stimulants and tonics in free doses. But this took place most generally in cases which had been suffered to run their course pretty much without control. I would add further, that when the face was the seat of erysipelas the danger was generally much less, than when it seized on the throat, and in either situation the danger was comparatively less than when it fixed on a vital part. The danger in all cases was clearly indicated by the pulse; when this remained but slightly affected the disease was generally mild. I may add, that I saw no tendency in wounds or accidents to produce erysipelatous inflammation. While the disease was upon our borders, and during its prevalence, I saw a case of compound fracture of the leg, and one of gun-shot wound, besides having performed three operations of an important character, to say nothing of having used the lancet many times a day, and in none did I witness the slightest tendency to the disease. The only exception was an old lady who had been badly burned, and who had heretofore suffered with erysipelas.

In conclusion, I ought to state, that when the disease assumed the rheumatic form, I found no change of remedies required, except a greater reliance on blisters, and more free use of sudorific anodynes, combined with mercurials.

I am, respectfully, yours, &c.

JOHN F. HENRY.

—[*Western Jour. of Med. and Surgery.*

*On the Treatment of Articular Rheumatism, by Tincture of Colchicum, Nitre and Blood-letting.*—Dr. E. MONNERET has made some interesting observations on these points of practice, which deserve the serious consideration of the profession. Having shown, in a preceding paper, that the sulphate of quinine had no title to rank as a therapeutical agent in rheumatism of efficacy superior to many others, he now proceeds to test the value of the articles indicated above.

Twenty-five patients were treated by the tincture of the colchicum root, eight by nitre, and nineteen by copious blood-letting.

The energy of the preparation of colchicum was first ascertained—it was very powerful. The great number of the patients took from four to sixteen grammes (one drachm to four drachms) in the course of the twenty-four hours, in one, two, or four divided doses. No smaller dose than a drachm was ever administered, and several of the patients took it for seven, some for ten, and others for thirteen days. The medicine was not discontinued in any case until it was ascertained to have no effect upon the disease.

In eight of the patients, the diminution, or even total disappearance of the symptoms of rheumatism, coincided with the exhibition of the tincture of colchicum. The rheumatism in these cases was either of some days' duration, and was scarcely accompanied with febrile symptoms, and then ended in twelve or fourteen days, or it was completely chronic. In either case the powerful revulsion produced by the tincture of colchicum on the bowels sufficed to suspend or to expel the disease: the improvement always coincided with the diarrhœa. In no case did the tincture of colchicum produce amendment or cure of rheumatism by any of those specific and occult properties which have been recognized in it by certain writers. In a few rare cases where its action was beneficial and rapid, it operated as a true drastic purgative. With regard to any complications which existed with the disease on the side of the heart, M. Monneret observes that it is scarcely needful for him to say that they were in nowise modified by the tincture of colchicum. If the effects of this medicine upon rheumatism, then, are nil in fact, which seems quite certain, it is much otherwise in so far as the abdominal viscera are concerned. Upon this point considerable difference of opinion appears to prevail: some say the colchicum occasions no intestinal disturbance, and that it does not purge; others maintain that it abates the pulse in force and frequency; and almost all unite in lauding its effects in rheumatism, &c. I have watched its influence in a sufficient number of instances, says M. Monneret, to have no hesitation in stating exactly what I have seen. In twenty-five patients to whom the tincture of colchicum was administered, I observed but a single order of phenomena at all referable to the gastro-intestinal system. The most remarkable among them were nausea and vomiting, diarrhœa, colic pains, and borborygmi, and the whole of



these effects almost immediately followed the exhibition of the medicine in large doses, and for a certain time. In other instances, diarrhœa was the prevailing feature—there was little sickness or vomiting, but the alvine evacuations were copious and repeated. In a third and very small class the chief complaint was of nausea and vomiting without any purging.

The sickness supervened either immediately after taking the draught, or at some longer or shorter interval during the day or night. The discharges were almost always bilious, or evidently mixed with bile. The diarrhœa was generally in proportion to the dose; from one to two drachms of the tincture were followed by from two to twenty evacuations in the course of the twenty-four hours. The motions were mostly passed with acute suffering, violent colic pains in the bowels, tenesmus, and scalding of the anus. The matters passed were at first semi-fluid, but by and by they consisted in great part of a yellow and evidently bilious serum, in which floated a large quantity of whitish grains in form and color like the ova of a fish's roe; there was also mixed with them a quantity of red matter like scrapings of meat, and some blood more or less mixed with mucus.

Vomiting was scarcely induced by a smaller dose of the tincture than from two to four drachms in a draught; it will not follow one drachm, two drachms, or even three drachms administered in a large quantity of tisan. Several elements enter into the consideration of the therapeutical effects of medicines: the dose, the mode of administration, and the intervals of repetition. The effects of remedies are signally different from those generally seen when they are given in large and closely repeated doses. Three drachms of tincture of colchicum in two doses, one close upon the other, produce effects which are not only more energetic, but also different from those generally witnessed.

It is obvious, therefore, that colchicum in tincture exerts its agency especially upon the bowels. Of what nature is this agency? The diarrhœa, the dysenterical character of the stools, the severe griping, which follows its exhibition, do not continue as in cases in which the intestinal mucous membrane is truly inflamed; its effect is mainly to alter the secreting faculty of the intestines—the fluids habitually poured out are increased in quantity, and changed in quality.

Colchicum appears to have no effect upon the urinary secretions; and must, therefore, be rased from the number of diuretics.

*Blood-letting.*—In nineteen cases of acute articular rheumatism, desiring to ascertain the effects of a somewhat energetic antiphlogistic treatment, the patients were bled at least three times each in the course of the four first days, and cupping was further had recourse to around the affected joints, or to the region of the heart: only in two of the cases were tartar emetic and digitalis exhibited simultaneously. The quantity of blood abstracted was considerable,—large; and the venesections were repeated at short

intervals. The mean stay in hospital of the patients thus treated was fourteen days—about the same as when other plans of treatment were employed.

The effect of the blood-letting on the disease can always be judged of by the state of the pulse: if it becomes less frequent, and loses force and volume, and if the temperature of the surface at the same time declines, the disease will end; if the pulse continues frequent, the disease is not yet at its conclusion. Sometimes the pulse falls suddenly after the first or second bleeding and the disease appears about to be subdued; but it soon rises again to its old number, and matters go on as if there had been no prospect of amendment: the gradual and enduring fall of the pulse is the best sign of improvement; if it falls from six to twelve beats below its usual number, so much the better.

When the symptoms are not relieved by the blood-letting within the first four or five days of the invasion of the disease, it is vain persisting in the abstraction of blood; the practice then is only injurious; bellows murmurs are set up in the heart and great vessels, the surface becomes drenched in sweat, the sleep is disturbed, the pulse is rapid, and the pains, far from diminishing, flit about from one joint to another, or remain obstinately fixed in those that were first attacked. The conclusion, on the whole, in regard to blood-letting is that in moderation it is useful, especially when practised early in the disease, within the first four days; after this, depletion by the lancet only reduces the patient, and renders his recovery more difficult.

*Nitre.*—Eight patients only were treated with nitre, and of the number one was affected with meningitis cerebro-spinalis, another with pneumonia. In all the rheumatism was recent and severe. The medicine was administered in doses of from eight to thirty grammes (two to seven and a half drachms) dissolved in tisan. Its influence appeared to be absolutely nil in the whole of the cases. The pains in the joints, the signs of endocarditis, underwent no kind of diminution under its influence. The pulse was not lowered, the febrile heat was not lessened by it. The quantity of urine passed in the twenty-four hours was not increased. In order to control the disease it was necessary, in every case, to have recourse to other means.—*London Med. Gaz.*, from *Archives Generales, in American Journal.*

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*Aneurism of the Aorta.*—In a very interesting paper on this subject, Dr. Law draws the following inferences:—

“When aneurism arises from the posterior part of the aorta, we generally want the evidence of a palpable tumor to indicate the disease. When the tumor is resisted in its development by unyielding structures, (as in the case when it arises from the posterior part of the aorta) it produces in these structures changes giving rise to peculiar symptoms, especially to a peculiar character of pain, which, if not exclusively confined to this disease,



exists so much more frequently in it than in any other, as to be enough at all times to awaken a suspicion of aneurism. However obscure all other symptoms of aneurism of the aorta, apart from the existence of a palpable tumor, may be, still it rarely happens that there are not some, which, added to the existence of the particular pain, may not suffice to make up what this latter may want of an exclusive patho-gnomonic sign of the disease. If this pain be connected with the lower dorsal and lumbar vertebræ, and depend upon abdominal aneurism, there will be, according to our constant experience, a bruit de soufflet in the course of the artery. If the pain be connected with the upper or thoracic dorsal vertebræ, and be owing to aneurism, it seldom occurs that there is not some difficulty in deglutition, or some obstruction in the respiratory apparatus, either affecting the trachea, and so weakening the respiration in both lungs, or exercised upon either one bronchus or upon one lung, and so producing a difference in the relative form of the respiration in the two lungs. In the absence of the bruit de soufflet (which we have almost always found absent in thoracic aneurism, except where the valves of the aorta were involved in the disease), some one of these symptoms will generally be present to confirm the value of the pains.

The character of the pain consists in a constant, aching, boring sensation, and a sharp, lancinating pain. To relieve the agonizing pain of aneurism, there is scarcely a limit to the amount to which we may exhibit opium, without producing narcotism. In the treatment of aneurism, low diet should be avoided, as lessening the prospect of a radical cure of the disease, and as increasing a nervous irritability—the constant accompaniment of it. The interval between the fatal termination and the bursting of an aneurism is various, and is much influenced by the importance of the organs which the hæmorrhage may affect. If it burst into the pericardium, and compress the heart, such interval will, of course, be shorter than if it compress a less vital organ. If there have been an adhesion between the laminæ of the pericardium the effusion will be more gradual, and therefore the interval will be longer than if no such adhesion existed, as we have proved by experience. The suddenness of the fatal termination would seem to be in proportion to the extent and suddenness of the hæmorrhage, and the importance of the organs, whose function may be mechanically interfered with by the effused blood.—*Dublin Jour. of Med. Science.*—*From Braithwaite's Retrospect.*

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*Succinate of Ammonia—a remedy for Delirium Tremens.*—M. SCHARN has successfully employed the succinate of ammonia for delirium tremens. The most furious delirium is quieted by the remedy as if by magic, and the disease cured by it in a few hours without the aid of any other medicine.—*Jour. de Pharm., from American Journal.*

## GENERAL INTELLIGENCE.

*Dedication of the Edifice of the Rush Medical College.*—The ceremonies upon this occasion took place on the evening of Friday, December 18th; the severe weather of early autumn having delayed the completion of the building until that time.

The lecture-room upon the first floor was crowded to excess with the sage and the gay. An appropriate prayer, by the Rev. Mr. PATTERSON, commenced the services of the evening. The address usual upon such occasions was delivered by D. BRAINARD, M.D., President of the Faculty, and Professor of Anatomy and Surgery. We give below an abstract, which, however, can give but a limited idea of the beauty and force of the Doctor's remarks:

He spoke first of the history of the school and of its rapid progress, which already permitted its friends to assemble in so fine an edifice. He next proceeded to consider the reasons why institutions of the higher order should be planted in the West; said that it was soon to be the seat of power for the whole northern continent. He then alluded to some popular errors concerning education, and showed that it was more important and difficult to produce a few men who make discoveries and advance the knowledge of mankind, than a much greater number who are incapable of it. He advanced the position that this could only be done by time and the coöperation of many persons, and traced the history of some of the celebrated colleges of Europe, to show the successive degrees by which they have become perfected.

He then proceeded to show the manner in which they should be conducted in this country,—that they should be regarded as instituted exclusively for the public good, and not for the benefit of individuals, and assured his hearers “that this edifice, which had been erected by their liberality, should be forever sacred to the cause of science and humanity.” He then traced the plans for its future improvement; for the formation of a library; of a museum, and the establishment of a hospital, which should place it on a level with the first institutions in the country.

He next addressed himself to the pupils, congratulated them upon the prospects opening before them in the West, urged them to prepare themselves for the first places in the profession, assuring them that their destinies in life would be greatly influenced by their present plans and aspirations.

The discourse concluded with congratulations to the friends of the institution on its success and prospects, and thanks for their liberality; and with the assurance that whatever obstacles threatened to obstruct its progress they would be overcome; that its Faculty would be devoted to it, to the degree necessary to ensure its prosperity.

Ed.



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### RUSH MEDICAL COLLEGE.

PROF. BRAINARD'S SURGICAL CLINIC. JAN. 2d, 1845.

[Reported for the Journal, by J. H. BIRD.]

CASE 1.—Mr. W. I——, having ectropion, occasioned by a burn, presented himself for relief. Dr. Brainard remarked that within the last few years, numerous operations have been performed, for the restoration of different parts of the face, destroyed by burns, and other causes. These were formerly called Taliacotian operations, from Taliacotius, an Italian surgeon, who attained great celebrity in the restoration of lost noses; but as he is not the inventor of the operation, and as plastic operation is more appropriate, it is now called by that name, and plastic surgery is recognized as a distinct branch of the art. If the operation is performed upon the nose, it is called rhinoplastic; if upon the eye, blepharoplastic, &c., according to the part. In the present case, the deformity was occasioned by the patient falling upon a bed of coals, producing a burn of great extent, causing a destruction of the soft parts to a considerable depth. In future lectures, I will speak of the different effects resulting from burns. There is, in the present case, a cicatrix, extending from the eye downwards upon the face, producing complete eversion of the lower lid. In extensive burns, there is sloughing of the part; and extensive ulcers are formed, which granulate. These granulations contract, and the cicatrix is formed. There is a great tendency on the part of the cicatrix to contract; in case of a burn upon the hand, the fingers will be strongly flexed, or applied upon the dorsum of the hand; if upon the fore-arm, it will be flexed upon the arm;

if upon the neck, the head will be drawn towards the breast, &c. The knowledge of this contractibility is very important in the dressings of burns. In the present case, you observe the effect of the contraction upon the eyelid: it is not destroyed, but the inferior edge is planted against the globe of the eye, and the free edge is adherent at the summit of the cheek. It has been proposed to divide the cicatrix and sound skin adjacent, but it has met with poor success.

The idea of the plastic operation originated in India, where the punishment inflicted upon criminals, as cutting off of noses and ears, gave so frequent opportunities for their remedy. The part to be applied can be taken from the adjacent parts, or from distant ones, as from the arm. This latter is the Taliacotian method, but at the present day is rarely repeated. Wonderful stories have been told of noses taken from other individuals adhering, but to these we give no credence. Another method is by inoculation, that is, by removing distant parts to the face; as from the arm to the neck, and when adhesion will allow, again removing it to the face. This may do, in cases where the face and adjacent parts are too much injured to allow of their use. No particular rule can be laid down, but, as occasion may call, the surgeon will have to adopt the method that may seem best.

I would observe, that instances are on record, of parts entirely divided, uniting. I had a case, where the pulp of the finger had been entirely cut off, the piece washed free from dirt, and re-applied. On application to me, I for curiosity took the piece off, and re-applied it; but I found, although there seemed to be a union, yet the part had wasted almost entirely away.

There are many ways of performing the operation for the relief of ectropion. I have seen Velpeau use a method, which consists in removing a portion of the integuments at the inner or nasal side, then drawing the edges of the wound together, so as to fill the vacant place; a slight improvement was noticed, but the result was not satisfactory. Another method is, to excise a portion of the conjunctiva; another still, to cut out portion a of the lid, in the shape of the letter V.

These may be admissible in slighter cases, but in more perfect eversion, as in the present case, it becomes necessary to supply the place of the destroyed part. The piece to be used can be taken from the nose, face, forehead or temporal region. In this case, owing to the extent of the burn, there remains to us but the



two last. There has been another operation proposed, which consists in excising a portion of the integuments, at the external angle uniting the edges of the wound, thus drawing the lids outwards, and elevating the everted one. We intend to combine the two modes. By removing a piece from the temple, the contraction of the cicatrix will have a tendency to restore the palpebra to its position; while the inserting the piece, thus removed, beneath it, will perfectly effect this object. The operation combining the two objects, has not, as far as we are aware, been performed or proposed by any surgeon.

We will commence the operation by dissecting up the eyelid, making one incision at the inferior margin of the tarsal cartilage, it will then resume its true position. Then dissect up a portion of skin without the external angle, and turning the flap upon its base about one fourth of a circle, we will place in in the incision already made under the eyelid, keeping the parts in contact by means of interrupted sutures, three above and two below. Owing to the contractility of living tissue, we will make our flap about one third larger than the chasm it is to fill. The tissue of a cicatrix possesses but little vitality; if blisters are applied to its surface, the vesicated parts are very long in healing. So the sound portion of skin will be much longer in uniting to the cicatrized portion.

Fergusson, and other authors say, that before the new portion shall be brought in contact with the other, hæmorrhage must have partially ceased, and the wound be cleansed. I do not think it necessary to wait for the cessation of the hæmorrhage, but will merely cleanse the wound from any coagula that may have formed, and apply the flap. Adhesive straps and pressure, should not be employed in the dressings, as they tend to interrupt the limited circulation in the parts. The pedicle of the flap should be broad enough to admit of sufficient circulation to preserve its vitality. And this depends upon its situation; in the present instance and in plastic operations upon the nose, the circulation, owing to the number of arteries, is quite active.

The after treatment and dressings are quite simple; merely defensive. No cold applications should be used, as they tend to check the circulation.

The Dr. then performed the operation. The new portion having been nicely adapted to the incision, the proper dressings were then applied, and the patient dismissed. He then remarked

that the wound would heal generally by the first intention, and that the fullness at the external angle, from the torsion of the flap, might be treated by excision, if necessary. As the patient had a deformity of the mouth produced by the same cause, being a contraction of the opening of the lips, he proposed operating in a few days upon it, by increasing the size of the opening. He continued his remarks. The mouth could be contracted by various causes, as psoriasis labialis, &c.; mechanical means, as various plugs, would not prevent the contraction; an operation was necessary. The operation recommended by Dieffenbach, has been quite successful. It consists in excising the integuments down to the mucous membrane, drawing this over the edges of the wound, and by stitches, producing an adherence of it to the skin. The contraction in the present case, is to one-third of the opening, and is external; the mucous membrane being intact. As the cicatrix is not in as favorable a state as in the other case, I am not so certain as to the result. At a subsequent period the operation was performed.

Jan. 20. The patient presented himself. The wound on the temple had nearly healed, and the flap had entirely adhered in its position. The operation had been quite successful. The wound at the corner of the mouth had nearly healed. All things being so favorable, the patient was permitted to leave for his home in the country.

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CASE 2.—Mr. —, having a tumor upon the breast, presented himself for its removal. Dr. Brainard remarked that it was a pediculated vascular tumor, of very easy removal. The Dr., by two incisions quite expeditiously removed it; the edges of the wound were united, by stitches and adhesive straps; the proper dressings applied, and patient dismissed.

On examination, the tumor presented a fungoid vascular appearance, having the cancerous odor, without the peculiar sound in cutting it. The Dr. considered it of the variety of tumors, called by Warren, keloides.

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CASE 3.—Mr. —, afflicted with chronic catarrhal ophthalmia. Dr. B. remarked, that this was another case of that common disorder, chronic conjunctivitis with blepharitis. We will prescribe the blue mass, 3 grs., to be taken each night, as a gentle laxative; and the ointment of sulphate zinc, and simple cerate, in the proportion hitherto mentioned, to be applied in the usual manner.



*An account of an Anomalous Disease of the Tongue and Fect, occurring in the interior of Indiana.* By GRAHAM N. FITCH, M. D., Professor of Obstetrics, &c., in Rush Medical College.

In calling the attention of the profession to a disease, no description of which has it ever been my fortune to meet, it may happen, that I shall be relating the symptoms and appearance of a pathological condition with which many are already familiar, either from practical observation, or through the medium of some one of the numerous periodical medical publications of the day, to which I have not access. Indeed, that many physicians in the interior of Indiana, where alone I have been cognizant of the disease, are practically familiar with it, I have the evidence afforded by mutual consultation; besides its prevalence at different periods, with such peculiarity and severity of symptoms, as necessarily to attract attention. The first cases prescribed for by me, came under notice in the spring of 1835; and scarce a year has elapsed since, without the presentation of more or less, although they have been, some years, more than ordinarily numerous. In the winter and spring of '35, '38, '41, and '44, its occurrence was more frequent than during the intermediate periods. It appears to be more prevalent among adults, paying no regard to sex. It commences with a burning sensation in the tongue, sometimes described as a stinging heat, not necessarily accompanied or preceded by any symptoms indicative of derangement of digestive or other organs. In truth, the reverse is usually the case, every function appearing to be healthily performed, until after the long continuance of the disease. This burning sensation increases, with varied rapidity, until it arrives to such a degree as to be productive of very considerable and constant distress, more or less increased upon taking anything hot or stimulating into the mouth. The tongue, at this stage, presents no unusual appearance, except perhaps an unnaturally *clean*, slightly florid appearance, at tip or edges. It appears, so far, to be a strictly local disease, and may now undergo a spontaneous cure, or yield to some domestic remedy; or partially disappear, perhaps entirely, to return after a varied interval, with increased severity. Whether thus temporarily checked or not, its return or continuance is soon marked by an aggravation of the burning pain. The tongue becomes bright red on the tips, edges, and along the centre, the space between the centre and edge,

being often covered with a white loose crust. This, however, soon disappears in the progress of the disease, the entire tongue becoming of a deep red, resembling in color, raw flesh, but smooth, glossy, and moist. *It diminishes in every diameter*, length, breadth, and thickness, becoming remarkably sharpened at its apex. The papillæ all disappear, except a few of the larger at its base. A copious secretion of hot saliva adds to the patient's misery. The angles of the mouth and the lips externally, become, in some cases, excoriated or cracked. The sub-maxillary glands, even the cervical absorbent glands swell, but do not often present external evidences of inflammation—are not painful or very tender. Longitudinal cracks become perceptible in the tongue; sometimes one in the course of the *raphe*, and one immediately on each side. In other cases, there is but the one central crevice, but this often attains size sufficient to admit a small quill. The crevices have no appearance of having been produced by ulceration, but by a shrinking of the lateral muscular substance of the tongue. The pain becomes greatly increased, but retains its burning character. The appetite remains but little impaired, or if not, its loss is attributable more frequently to the local pain, than to any derangement of the stomach. There is an inability to take into the mouth any substance, solid or fluid, of any temperature, except perhaps one or two articles of the blandest kind. Some can comfortably consume a sufficient quantity of boiled milk and rice, or milk and soft bread. Others experience as much pain from efforts to eat these mild articles, as those of more stimulating nature. Nearly all, however, can chew fresh elm bark, and experience great comfort from holding it in their mouths. The pulse becomes accelerated, but not hard, rather irritable. There is some thirst. Except in those cases in which there is an inability to take any nutriment, and the naturally resulting emaciation and debility, the patient is able to attend to his or her ordinary avocations, until the supervention, in some cases, of another symptom, which will be soon mentioned. The longitudinal crevice in the tongue, as I before remarked, has not the appearance of an ulcer. No pus can ever be detected in it, or in any part of the mouth. I have never been able to discover apthæ or ulcerations, though that such do not exist in some cases, I will not assert. There is no unusual fœtor of the breath; the gums remain unaffected, as does indeed every part of the mouth, except the tongue and salivary glands.

After a continuance of these symptoms for an indefinite period,



they gradually yield to medicinal treatment, or disappear spontaneously in the course of the summer. In many, (a majority,) the recovery appears to be complete. In others, and by no means a small proportion, a secondary affection, even more distressing than the primary one, manifests itself. As the lingual distress and appearances I have described, subside, "a burning sensation," as near like the one first felt in the tongue, as the difference in structure of the parts affected can be supposed to permit, becomes to be perceptible in the *bottoms of the feet*. The pain in this situation soon becomes intense, spreading from the soles to the superior parts of the feet, though never reaching the ankle joints. It deprives the patient of quiet by day, and rest by night; inducing him, for the purpose of relieving the intolerable sense of heat, to leave the feet at all times uncovered. Some have applied ice, or ice-cold water to the feet, for the same purpose; a proceeding usually productive of unpleasant consequences. There is not at first any tenderness. This however occurs in the further progress of the complaint, though seldom beyond a degree sufficient to produce some pain or flinching in walking. There *is at no time any*, or if any, very little, redness or swelling of the feet, and but little increase of temperature. Indeed, I have never been able to satisfy myself of the existence of any redness or swelling, other than what was produced by remedial applications.

This secondary affection is not so liable to follow more severe attacks of the original disease, (that of the tongue,) as the milder. Perhaps, when the tongue is long and severely affected, the disease expends itself in its original seat, thereby relieving the system from any disposition to attacks of it elsewhere; or the early occurrence in the feet of the symptoms above described, may act as a derivative, and consequently be soon followed by a subsidence of of the pain in its first locality. I have known the peculiar (burning) pain to alternately attack the tongue and feet, disappearing from the one, almost simultaneously with its invasion of the other. It is rarely co-existent in both situations, and never in any severity. If the feet are once seized by it, they are generally the last part affected; as, if they are relieved by its recurrence in the tongue, (which does not often happen,) that relief is but temporary, the disease invariably returning to the feet, there to exhaust itself, or yield to treatment.

I have not, so far, succeeded in tracing it to any satisfactory cause. It has appeared in some instances, to be connected as an

effect, with the consumption of an undue proportion of salted animal food. That such ever is the cause, it would be presumptuous to assert, with my limited means of observation. No opportunity for post-mortem examination has been offered me, never having witnessed a fatal termination.

Logansport, Ind., Jan. 1845.

[We are promised by Dr. Fitch, a continuation of the above article, describing the mode of treatment found most successful, and the details of several cases. We hope to present it to our readers in the next number.—ED.]

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## PRACTICAL MEDICINE, &c.

*Treatment of Scarlet Fever.*—At a late meeting of the Westminster Medical Society, the subject of scarlet fever and scarlatinal dropsy was discussed. Dr. Clutterbuck regarded scarlet fever as the effects of a specific poison, which would go on for a certain time and then generally subside by themselves. The duty of the practitioner would be to watch the symptoms, and control them if unusually violent. It generally mattered little what was done; some mild saline, and keeping the surface cool, by sponging or cold air, was usually all that was required. If inflammation of an important organ came on, it must be treated by measures proportioned to its severity. Dropsy from scarlet fever was not common, and when it did occur, would not require active treatment. It was the result of inflammation of the skin and subjacent cellular tissue, and affected also internal organs. Occasional purgatives and mild diuretics were only required in the great majority of cases. If the tongue were coated, the pulse frequent, the skin hot, the very slight antiphlogistic treatment might be employed, but bloodletting never, unless there were inflammation of some important organ.—*Boston Med. Journal.*

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*Treatment of Plethora by Saline Medicines.*—"The treatment of plethora is often not nearly so easy as that of anæmia. In many cases it will not suffice merely to abstain from animal food, and to drink large quantities of simple cooling beverages, in the hope of attenuating and impoverishing the condition of the blood. Then, again, the effects of bloodletting are generally only transitory; and, moreover, the very loss of blood seems not unfrequently to induce a more active proportionate formation of it. On the whole, the use of saline laxatives, and of the hydrochlorate of ammonia (sal ammoniac), seem to be the most useful means that



can be employed for the relief of plethora, when it gives rise to inconvenient symptoms.

“Dr. Lheritier, in his recent treatise on pathological chemistry, informs us that he has found that the proportion of the red globules in the blood of rabbits was decidedly modified by the internal use of this salt, in the course of two or three weeks.

“The nitrate of potash has similar effects; so also have the alkaline subcarbonates, and the liquor potassæ itself. Perhaps the latter is, on the whole, the most efficient impoverisher of the blood, provided, also, the diet is spare, and not too nutritious, and all malt liquors are avoided.”—*Medico-Chirurgical Review*.

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*Camphor a Preservative of Ergot of Rye.* By JOHN N. SIMPSON, M. R. C. S., &c.—I was not a little surprised to read some remarks by Mr. Rawle, stating camphor to be a preservative of ergot of rye. I can only say that I have been in the habit of using it for the last nine or ten years, but not exactly in the manner described by him. I order the camphor to be *mixed* with the powdered ergot, in the proportion of a grain in every scruple. By this means I think the camphor is more intimately diffused throughout the whole than can possibly take place by the plan proposed by Mr. Rawle. I do not give this either as a new, or, indeed, my own discovery; for I adopted the method by having seen it in the practice of Mr. Spurgin, an old practitioner also at Saffron Walden, and from whom I have every reason to believe that your correspondent also obtained the same information, he having been in the same gentleman's practice.—*London Lancet*.

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*On the Canada Leprosy.*—To the Editor of the “Medical Times.”—SIR,—In the Medical Times, for the 25th of May last, you express a wish that some of your Canadian subscribers will will communicate with you, on the subject of the new malady, which has appeared in the district of Tracadia, province of New Brunswick, on this continent. In case no one else has written to you about the matter, I will state a few particulars. The government appointed a commission of medical men, in March last to visit Tracadia and the adjoining districts, and to investigate the nature of the malignant disease, reported to prevail therein. Dr. Skene, assistant surgeon of the 52d Regt., stationed at Fredericton, N. B., one of the commissioners, has made a report on the disease, addressed to Sir J. Macgrigor, Director General of the Army Medical department; from which it appears, that this complaint is unquestionably tubercular leprosy, or the Elephantiasis of the Greeks; that the symptoms of all the cases which existed at that time, nineteen in number, corresponded with those of the *lepra tuberculosa* of Bateman, Simpson, Copland and others. The symptoms observed were: dusky red or livid tubercles, of various sizes on the face, ears, and extremities; thickened or rugous state of the skin, diminution of its sensibility; falling off of the hair of

the eyebrows, eyelids, and beard; voice husky, nasal or entirely lost; ozæna; ulcerations of the surface; breath intolerably foetid; little or no pain: the nose, lips, and ears, generally enlarged and pendulous; the skin shining as if smeared with oil; the palate and fauces covered with tubercles; ulcerations and blotches on various parts of the body; appetite usually unimpaired; and the disease hitherto invariably fatal, at the end of a few years. Dr. Skene considers the disease identical with the tubercular leprosy, which prevailed in Europe, in the middle ages and more recently in Ireland, the Farroe Islands, Shetland, Madeira, the Crimea, Africa, Ceylon, and the East and West Indies. The new locality of this disease forms a part of the province of New Brunswick, and is chiefly confined to the east side of the land, lying between the bay of Chaleur and the estuary of the Miramichi river, and more particularly to the settlements on the Neguac and Tracadia rivers:--- From the statements of the oldest inhabitants, the first case occurred about the year 1817, in the person of a woman named Ursale Landre; she died of the disease in 1829; her husband took the disease three or four years before her death, and sunk under it in 1831. From these cases, the disease would appear to have gradually extended itself, and although, ten or eleven years ago, only two cases existed, the commissioners found, independently of twelve deaths from the leprosy, nineteen confirmed cases and some highly suspicious ones. The disease appears to be transmitted by hereditary taint and by contagion, which latter is by no means active, as all those brought into direct contact with the disease, and all those immediately connected with the sources of the malady, do not necessarily become affected by it. So that it is not at all likely that this disease, which is at present local or endemic, will ever become epidemic. As to the causes of the present leprosy, in New Brunswick, it is attributed by some to filth, indigence, exposure to extreme temperatures, scanty and unwholesome diet, particularly of fish, salted while in a state of decomposition. The commissioners recommend to the Government of New Brunswick, the erection of a lazaretto, strict seclusion of the lepers in this establishment, and legislative sanction for the removal of persons afflicted into it.

I have the honor, to be, sir,

Your most obedient servant,

JAMES B. JOHNSTON, M. D.

*Sherbrooke, Canada East, August 17th, 1844*

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*On the Medicinal Mixtures employed as Styptics.*—By Dr. GOTTSCHALK.—Dr. Gottschalk thinks that a medicinal mixture can act as a styptic only when it is not applied in the liquid form. “He has demonstrated,” he says, “that vegetable astringents do not merit this denomination; that they are not in reality astringents properly so called, because if they tan the tissues they give rise to a chemical combination which is accompanied by a



thickening and not by a contraction of those tissues." The experimentalist has made several trials with portions of intestine and pieces of liver which he allowed to remain for five days in solutions of sulphate of copper, sulphate of zinc, sulphate of iron, acetate of lead, crystallised alum, calcined alum, sulphuric acid, hydrochloric acid, nitric acid, and creosote. The results which he obtained in these experiments led him to the following conclusions:—

1st. The strongest styptics, alum, acetate of lead, and sulphate of copper, lose their styptic virtue when they are employed in the liquid form.

2nd. The liquid form is opposed, on the other hand, to the contraction of the tissues; on the other hand, it gives rise to a softening of the animal substance, and, consequently, it facilitates imbibition, impregnation, the thickening, and enlargement of the tissues, and it thus diminishes the tendency to destructibility.

3rd. The acids employed, except nitric acid, do not possess any styptic property; but they possess that property of rendering the tissues thicker.

Dr. Gottschalk, in extending his investigations to the decoctions of oak, rhatany, tormentilla, and nutgalls, in which he steeped for eight days dried pieces of intestines, and for five days pieces of sclerotica, cornea and conjunctiva of the ox in the fresh state, arrived at the following conclusions:—

1. None of the astringents indicated merit this name when they are employed under a form which prevents them from removing water from the tissues which are found in contact with them.

2. They are so much the less astringent, as in the liquid form they penetrate deeply into the tissues, and as they consequently produce thickening and enlargement.

3. If we omit the principles which, like strychnia, determine contraction, in consequence of their action on the nervous system, there remain as agents of styptic medication only the medicines called exsiccants and refrigerants.—*Chemist*.

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*Syphilitic Chlorosis*, by M. RICORD.—In a great number of researches that M. Ricord has made upon the blood of persons affected with syphilis, he has constantly found the number of globules diminished in variable proportions. This state of the blood is what M. Ricord calls syphilitic chlorosis; and it has indeed many points of resemblance to other kinds of chlorosis. It is to this affection that we are to attribute the particular color that the skin of patients affected with constitutional syphilis presents; as in chlorosis, the physical and moral debility indicates a trouble of the circulation. The discolored skin, the inanimate expression of the eyes, shows the blood no longer possesses its normal qualities. Syphilitic chlorosis, generally, exists before any secondary or tertiary symptom has declared itself. Its principal characters are, beside the general aspect that we have just mentioned, considera-

ble prostration, with pains in the neighborhood of the articulations, having nocturnal exacerbations, unaccompanied, however, by swelling or change of color, and which are not augmented by pressure. Cephalagia, neuralgia of the fifth pair, paralysis of the facial nerve, are common signs. Alopecia, engorgement of the of the posterior or lateral cervical ganglions and sometimes only the mastoid ganglions, complete this group of phenomena, which is rarely preceded or accompanied by febrile movement.

This particular state of the blood grows worse as the syphilitic infection gives place to secondary or tertiary symptoms. It may continue in different degrees after they disappear. The first conclusion to be drawn from these considerations is, that syphilis being an anemic disease, or, at least, always complicated with anemia, the antiphlogistic method of treatment is dangerous. The second conclusion is, the necessity of a nutritious diet. "The treatment that I adopt," says M. Ricord, "consists in the combination of ferruginous and mercurial preparations, if there exist no counter indications. When the secondary symptoms pass to tertiary, the mercurials, combined with iodide of iron, or with iodide of potassium, suffice to reconstitute the blood,—*Bulletin Generale Therapeutique*.

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*Amputation at the Ankle Joint.*—This operation, Mr. Syme says, in the *London and Edinburgh Medical Journal*, should supersede amputation below the knee in a great many cases. The flap should be obtained from the heel and sole of the foot, as the natural thickness of the integument at those parts will afford a proper support to the stump. The best instrument for performing the operation is a large bistoury, or small amputating knife, with a blade about four inches long. There is no occasion for a tourniquet, as the assistant has complete command of the vessels by grasping the ankle. The incisions across the instep and sole of the foot should be curved, with the convexity forwards, and exactly opposite each other. A line drawn round the foot, midway between the head of the fifth metatarsal bone and the malleolus externus, will show their extent anteriorly, and they should meet a little way further back, opposite the malleolar projections of the tibia and fibula. If the ankle-joint is sound, the malleolar processes should be removed by cutting pliers; but if the articulating surfaces are diseased, a thin slice thereof should be sawn off. Care should be taken to avoid cutting the posterior tibial artery before it divides into the plantar branches, as in two cases where Mr. Syme did so, there was partial sloughing of the flap. The edges of the wound should be stitched together, and lightly dressed. When the cure is completed, the stump is of a conical form, the thick integument of the heel constituting its apex, or point of compression.



*Results of Observations on Small-pox in persons who had been vaccinated.*—These observations were made by Dr. LOSSETTE, in the small-pox ward of the great hospital of Milan. Dr. L. first endeavored to ascertain whether there was any relation between the vaccine cicatrix and its preservative power. With that view, having examined 420 subjects affected with small-pox after vaccination, he classed the cicatrices which they had in three orders, according to their physical characters: 1st, normal; 2d, imperfect; 3d, very imperfect cicatrices. In these 420, 231 had normal cicatrices, 124 incomplete, and 65 only very incomplete. From this it appears that the most regular cicatrices were far from constituting the most certain guarantee against an attack of small-pox.

But does a normal vaccine cicatrix render the consecutive small-pox less confluent? The following table answers this question in the negative.

Eruption.	Confluent.	Discrete.	Very Discrete.	Total.
Cicatrix normal	83	91	57	231
" incomplete	53	49	22	134
" very incomplete	18	28	19	65
				<hr/> 420

Nor do the number of vaccine pustules offer any assurance of protection, as will be seen from the following table:

Eruption.	Confluent.	Discrete	Very Discrete.	Total.
One cicatrix	30	30	16	76
Two cicatrices	36	35	22	93
Three cicatrices	40	38	20	98
Four and more cicatrices	48	65	40	153
				<hr/> 420

Does the liability to an attack of small-pox, after vaccination, result from the preservative power of the virus having become enfeebled by its successive transmissions? or to the prophylactic powers of this virus, being but temporary and limited to a certain number of years? Dr. L. adopts the latter explanation, and adduces, in its support, the following statistics of 1411 patients, observed in 1837 and 1838, all affected with small-pox.

Patients under 5 years of age.....	130
" from 5 to 10.....	101
10 " 15.....	151
15 " 20.....	203
20 " 25.....	282
25 " 30.....	216
30 " 35.....	160
35 " 40.....	68

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1411

If we consider that all these patients have been vaccinated in early life, and also the smaller number of individuals who attain the age of thirty years, these statistics would favor the view of Dr. Losette, of the utility of re-vaccination.—*Amer. Jour. from Annali Univ. di Med.*, 1844.

*The uses of Pure Tannin.* BY ROBERT DRUITT, ESQ.—In any case in which a vegetable astringent is indicated, Mr. Drutt believes that the tannin ought to have the preference. A simple solution of it, in distilled water, he says, is much more easily and quickly prepared, as well as much more elegant, than the ordinary decoctions or infusions of oak-bark, catechu, &c.; moreover, it may be prepared of uniform strength, and free from foreign inert matter, and is not liable to decompose quickly; in fact, it has all the advantage which the other simple vegetable principles have over crude preparations from the herbs or extracts in which they are contained.

The cases in which Mr. D. has employed it, are sore nipples, excoriations about the anus and scrotum, piles, leucorrhœa, atonic phagedenic sores, tooth ache, aphthous sores in the mouth, severe salivation and relaxed sore throat.

For sore nipples especially, Mr. D. has found it "invaluable." Every accoucheur knows what a source of wretchedness and illness these are to the young mother, and how difficult it often is to find a decisive remedy; but Mr. D. has never been disappointed in the use of tannin, except once, in a neglected case, with deep irritable cracks, for which it was necessary to use the lunar caustic. The form in which he employed it, is a solution of five grains in an ounce of distilled water; this is applied to the nipple on lint, covered with oiled silk.

For the itching excoriations about the anus and scrotum, which so much infest old men, he has used it with benefit, but prefers lemon juice as a local application. For piles, with mucous discharge, he has also found it of use, but he cannot say much on this point from his own experience.

"In one or two cases of lingering atonic phagedena," says Mr. D., "I have found it of some service, sprinkled thickly on the sore; but more particularly so in those aphthous ulcers which sometimes occur in the mouths of adults, from acidity of the stomach, and congestion of the liver. I may say that I believe it the best possible remedy for severe salivation, and for all cases of relaxed sore-throats attended with superabundance of mucus. It coagulates the mucus and enables the patient to get rid of it easily. Of course I do not use it to the exclusion of constitutional remedies; but of all the local means of making the mouth comfortable, I believe it to be the best.

"But of all the cases for which it is adapted, that common troublesome complaint, tooth-ache, is that in which I believe it is most to be depended on. For this piece of useful knowledge I am indebted to my friend Mr. Tomes, and I have tested it by ample personal experience. It will be found, as Mr. Tomes told me, that the gum around a carious tooth is in a spongy, flabby condition; a little piece of it, perhaps, growing into the cavity. The ache, too, is often quite as much in the gum, as in the tooth itself. But, be this as it may, when the tooth aches let the



patient wash out the mouth thoroughly with a solution of carbonate of soda in warm water; let the gum around the tooth, or between it and its neighbor, be scarafied with a *fine* lancet; then let a little bit of cotton wool, imbued with a solution of a scruple of tannin, and five grains of mastich, in two drachms of æther, be put into the cavity, and if the ache is to be cured at all, this plan will put an end to it, in nine cases out of ten. I think that practitioners are to blame in not paying more attention to the cure of tooth-ache; I am convinced, that in most cases, it is as curable as a colic or a pleurisy; the chief points being to open the bowels, and put the secretions of the mouth in a healthy state, and to apply some gentle astringent and defensative to the diseased tooth, till it is capable of being stopped by some metallic substance. I say emphatically a *fine* lancet, because the coarse, round, blunted tools that are generally sold under the name of gum-lancets, only bruise the gum, and cause horrible pain. The lancet which I use is sickle-shaped, cutting on both edges and finely ground; and if guarded with the middle finger of the right hand, it may be used in the case of the most unruly children, without any possible ill result.”—Prov. Med. and Surg. Jour., Oct. 9, 1844.

*M. Trousseau on the Signs of Auscultation in young children.*

—Every experienced physician must have found—if he has taken the trouble to examine the subject—that auscultation is of comparatively little value in the diagnosis of pulmonic diseases in early life. It is not often that the young patient can be kept sufficiently quiet to enable us to make the proper examination; and, moreover, the respiratory murmur is usually so loud and boisterous—especially upon any excitement—as completely to overpower any abnormal *bruits* that may be present. Fortunately the practitioner does not often feel the need of any extraneous means to aid his diagnosis in the thoracic diseases of infancy; the rational symptoms, as they have been rather absurdly called, being usually quite sufficient. The following remarks were made by M. Trousseau in his clinical lectures at the Hospital Necker.

“If the child be perfectly quiet, the breathing does not sensibly differ from that in the adult; the inspiration is rather noisy, while the expiration is scarcely perceptible; moreover, the former is exceedingly active and slow, while the second, on the contrary, is rapid and purely passive. But, if the child be restless, the inspiration is immediately rapid, and the expansion of the lungs cannot be perceived, while the expiration is, at the same time, slow, and accomplished with the aid of all those muscles which usually concur to the performance of this act. The air issues from the glottis in a small noisy stream. The expiration, therefore, is here essentially active, the very contrary of what it is in the normal state: moreover—and I insist upon this point—it must be very slow, while the act of inspiration is performed rapidly.

“This new rhythm it is very necessary to be aware of, because

the character of certain pathological auscultatory sounds, which are thence derived, is more or less altered in consequence. In truth, if, as M. Beau believes—and in this opinion I quite agree with him—the blowing sounds and their numerous modifications really take place and are formed in the larynx, and are transmitted to the ear through the indurated lung by the air in the trachea and bronchi, it must follow that they (the sounds) will be the more distinct and obvious in proportion as the passage of the air is accompanied with the most blowing noise in the larynx. Now this is what we perceive to be the case in the adult. The inspiration is slow, and the expiration is rapid; the inspired air, therefore, passes more silently through the larynx than that which is expired; and thus it is that the blowing sounds are most distinctly audible during the act of expiration. But if—as in the case of the restless child—the inspiration be performed rapidly instead of slowly, the blowing sounds are heard during expiration when it (the child) is calm, and during inspiration when it is restless and crying.”—*[Med. Chirurg. Rev.]*

*Cauterisation of the Pharynx with Ammonia.*—M. Monneret, physician to the Hopital la Charité, has been trying the experiment of cauterising the pharynx with ammonia. In one case of bronchitis, accompanied by great dyspnoea, the relief was immediate. Others have repeated the experiment with satisfactory results. M. Rayer proposes to substitute cauterisation of the palate as less dangerous. The pharynx or palate is rapidly touched with liquid ammonia, diluted with one-third of water.—*Gazette des Hopitaux.*

*Our Exchanges.*—The *Medical News* commenced a new volume with the New Year. This publication, besides a mass of general intelligence interesting to the profession, has presented to its subscribers, in the last two volumes, the complete lectures of Dr. Watson, a work of no ordinary value. In the present volume commences the re-publication of Lectures on Surgery, delivered at St. George's Hospital, by *Sir Benjamin Brodie Bart, F. R. S. &c.* Our recommendation can add nothing to the reputation of this work. The Medical news is issued gratuitously to the subscribers to the American Journal of the Medical Sciences, published by Lea & Blanchard, Philadelphia. The subscription to the *News* alone is but \$1 a year.

The *Medical Examiner*, appears in the volume for 1845 in a new form. During the year 1844 it was issued once a fortnight, each number covering 12 pages large octavo. In the new series it appears monthly, but much enlarged, presenting its subscribers with 72 instead of 24 pages, *and for the same money.* The subscription price continues to be \$3; Dr. Robert M. Huston continues to conduct the Examiner, which alone will recommend it to all former subscribers. Lindsay & Blackiston, Philadelphia, are the publishers. Ed.



# ILLINOIS

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### RUSH MEDICAL COLLEGE.

PROF. BRAINARD'S SURGICAL CLINIC. FEB. 3d, 1845.

[Reported for the Journal, by J. H. BIRD.]

CASE 1.—Mrs. M——, having an obstruction of the lachrymal duct presented herself for relief.

Dr. B. remarked, that the lachrymal passage was formed by the lachrymal of each lid, the lachrymal sac and the nasal duct. The lachrymal canals, commencing at the puncta lachrymalia by capillary openings, continue their course inwards and downwards to empty into the lachrymal sac, which is of an oblong shape, and situated in the groove made by the os unguis and the nasal process of the superior maxillary bone, behind the tendon of the orbicularis muscle, having an inclination downwards, backwards and inwards; this sac connects with the nasal duct, which is formed by the inner wall of the maxillary sinus, os unguis, and inferior turbinated bone. The whole canal is lined by a delicate mucous membrane, besides which the sac has a fibrous membrane. The obstruction to the flow of tears, may be in the lachrymal canals, sac, or nasal ducts; may be congenital, or the result of inflammation, &c. As I have sufficiently enlarged upon the subject in my lectures, I will confine myself to the case before us. The effect of inflammation of the mucous membranes, you are aware, is to produce thickening and induration. In the present case it is the result of inflammation. The symptoms of the obstruction are, a discharge of the tears over the cheek, dryness of the corresponding nostril, and fullness at the inner angle of the eye; if the obstruction be not removed, there is at length ulceration of the sac and a fistulous opening

formed, of the effects of which I have already spoken. In the early stages of the obstruction our treatment is quite successful, in later stages an operation is necessary. In cases of inflammation, the usual local and general remedies are necessary, and the inhalation of the following as a snuff, is very efficacious, viz:  $\mathcal{R}$ .—Hellebore alb., grs.  $\text{vj}$ ; hydrag. chlorid.,  $\text{3j}$ ; sach. alb.,  $\text{3jv}$ — $\mathcal{M}$ .

In cases of obstruction from syphilis, &c., the cause must first, as far as possible, be removed. In chronic cases an operation is required. It consists in laying open the sac at the inferior margin of the tarsal ligament, by a bistoury, and introducing some substance to dilate the passage.

Dupuytren introduced small gold tubes into the passage, and many surgeons have followed his example, but it was not attended with great success, and is somewhat dangerous. I saw, while at Paris, several of these tubes extracted from situations somewhat removed from the nasal duct. Small pieces of catgut and elm-bark have been used, but with no greater success. I prefer curved silver stylets with small heads which retain them in their situations; these answer all the indications, and can be removed at any period. But gentlemen, the result is not as favorable as is to be desired.

Our patient has submitted to the operation twice before, but with relief for limited periods.

The Dr. then performed the operation and the patient was dismissed.

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CASE 2.—Miss —, ætat 8 years, with chronic enlargement of the tonsils. Dr. B. remarked, I suppose you have been told of the effects of chronic enlargement of the tonsils by my colleagues; so it will not be necessary for me to speak of any thing but the operation. It is an operation which although not painful, is attended with some inconvenience from the situation of the large vessels, &c., and the peculiar states of the glands where hæmorrhage might occur. Although not connected with the subject, I cannot refrain from speaking of some of the means to be resorted to, in cases of hæmorrhage from wounds, &c., of the tonsils.

Several years since, I removed the right tonsil from a lady. Some hours afterwards, I was called in haste to see her. I found an alarming hæmorrhage from the tonsil. After resorting to the regular prescribed remedies to no purpose, I feared the necessity of a ligature of the carotid, when it occurred to me to make compression upon the part. Introducing the fingers of one hand



into the mouth, and the other hand corresponding externally, I after a compression of half an hour, succeeded in entirely arresting the hemorrhage.

There are many instruments in use for extraction of the tonsils; one called the "guillotine" is the best for children, but I prefer the forceps and scissors for adults. The Dr. then performed the extraction, and the patient was dismissed.

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CASE 3.—Miss ———, with converging strabismus of right eye.

Remarks. Gentlemen, this is my forty-third case, and, as I have before remarked, I am well satisfied of the value of the operation. As this case is quite similar to others that have been before you, I will not detain you by further remarks. The operation was then performed, and the eye resumed its normal position.

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*Fatal Case of Visceral Disease, with Cerebral Symptoms—Post Mortem Examination.* By J. STICKEL, M.D., of Galena, Ills.

GALENA, Feb. 14, 1845.

D. BRAINARD, M. D.:

SIR,—The following case, which recently occurred in my practice, may possess some interest, and on that account I concluded to report it to you.

On the 28th January, John Miller, a Carpenter, aged about 35 years, called at my office, and stated to me that he was unwell, and asked me to take charge of his case. On inquiry, I found he had been unwell for two years; had an attack of remittent fever in the summer; suffered a great deal from delirium at that time; had since that time frequently been almost blind, from what he called weakness of his eyes. On examination, I found him laboring under disease of the liver, which appeared to be enlarged and hard, and tender on pressure over the region of it. I applied a blister over the region of the liver, and his bowels being costive, gave him a dose of calomel and ipecac, which did not operate. The next day I followed it with a dose of ol. Ricini, and procured free bilious discharges. The calomel produced a smart pyalism, and he continued to discharge bile of a brownish color, by emesis and by stool, in large quantities. There was also continued hic-

cough. To allay the latter, I gave laudanum, ether, and other antispasmodics, in large doses, but they had no effect. The discharges and hiccough continued, accompanied by a degree of delirium—he would answer questions correctly, but talked incoherently—until the evening of the 7th February, when he died. During the whole of his sickness there was no febrile action, the pulse being low, the pupils of his eyes contracted, and the surface cool.

*Post Mortem Examination 12 hours after Death.*—On opening the cranium, I found extensive effusion had taken place. The dura mater and pia mater were adherent to each other, over the major part of both lobes of the brain. The falx cerebri was partly decomposed, and the ventricles were filled with water, and the whole substance of the brain very much softened. On opening the chest and abdomen, I found the lungs very dark colored, the right lobe adherent to the pleura, a considerable quantity of lymph in the air cells, but no tubercles. The right ventricle of the heart was hypertrophied, and the left very much thickened. The liver was very much enlarged, very dark-colored, and the whole upper surface of the right lobe was firmly adherent to the diaphragm. The stomach and intestines appeared healthy. I suppose the hiccough, upon which all remedies seemed to have no effect, was caused by the adhesion of the liver to the diaphragm.

Yours, respectfully,

J. STICKEL.

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## PRACTICAL MEDICINE, &c.

*Bougies with Alum.*—In diseases of the urethra, M. Jobert employs alum in the following manner. He spreads upon a table some burnt alum, reduced to powder. He then takes a wax bougie of a size suited to the dimensions of the canal, heats the end of it at a lamp, kneads it with his fingers, and then rolls the portion thus softened in the powder. This he continues till the bougie becomes thoroughly incorporated with it. When that is accomplished, the extremity of the bougie becomes white, and the superfluous alum is removed by a little friction. The instrument is then dipped in oil, introduced, and maintained for a time in the portion of the urethra where the patient complains of pain.

By this means M. Jobert is enabled to employ an application which, from the tightness of the canal in certain cases, he could not have done by means of the ordinary *porte-caustique*.—*Annales de Thérapeutique*; as quoted in *Jour. de Méd. et de Chirurgie Pratiques*.



*Croton Oil Plaster*.—M. Bouchardat recommends the following method of preparing croton oil plaster. Melt eighty parts of gum diachylon plaster at a very gentle fire, and when it is semi-liquid, mix with it twenty parts of croton oil. The plaster which results is to be spread thickly on muslin. It will produce considerable irritation of the skin, and may be employed in all cases where revulsives are required. It does not cause such severe pain as many other counter-irritants; and it may be applied over an extensive surface, so that a derivative action may be established proportional to the irritation which is to be combated,—an indispensable condition in the employment of these heroic remedies. M. B. is fully of opinion that the croton oil plaster will be found available in the treatment of many chronic diseases, both of the respiratory apparatus, and of the abdominal viscera.—*Annuaire de Therapeutique*.

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## BIBLIOGRAPHICAL NOTICES.

In the American Journal of the Medical Sciences for January, we find a review of several recent works upon the new views respecting fecundation and menstruation. The review embodies so much that is interesting and important, that we take the liberty of presenting our readers with a partial abstract, regretting that our limits will not permit us to make more copious extracts. The works reviewed are as follows:

“*Positive Theory of the Fecundation of the Mammifera*. By F. A. POUCHET, M. D., Paris, 1842.”

“*Of Puberty and the Critical Age in Women, and of the Periodical Discharge of Ova by Women and the Mammifera*. By M. A. RACIBORSKI, M. D. &c., Paris, 1844, pp. 520.”

“*Proof of the Periodical Ripening and Separation of the Ova of Mammalia and Man, independent of Coitus, being the first condition of their Propagation*. By TH. L. W. BISCHOFF, M. D., P. D., &c., Giessen, 1844.”

The review begins with a few introductory remarks as follows:

“The patience and industry with which the comparative anatomist, aided by the microscope, has pursued the study of the intricate phenomena of animal life, through every stage and form of existence, and in the most minute structures, have been richly rewarded by the attainment of results as important, as in many instances they were unexpected. In no branch of physiology is this remark more true than in that which relates to generation; a subject of surpassing interest, and, within a very recent period only, shrouded in the darkest mystery and uncertainty. It is true, that much entirely impenetrable by our present means of investigation, remains still to be learned, but yet many steps in advance

have been made, which may encourage to farther labor and investigation. The discovery, that the Graafian vesicle, instead of being a glandular body, destined to secrete a seminal fluid, actually contained an ovum, differing in the mammalia in no essential respect from those of the inferior orders of animated beings, was of the utmost moment, by removing one of those distinctions which it was supposed existed between these orders. Still it was alleged that sexual intercourse was requisite to cause the formation of the Graafian vesicle. Investigation proved that they were found in virgins and even in infants. It was next asserted, that if sexual intercourse was not requisite to their formation, it was absolutely essential to the maturation and separation of the ova; driven again from this position, by the fact that in virgins, *corpora lutea*, which are the remains of ruptured vesicles, have been found, as a last resort, the physiologist was compelled either to call to his aid the influence of a high state of sexual excitement, or to deny that true *corpora lutea* are formed in virgins, pointing out, at the same time, the means by which the true might be distinguished from the false.

“The labors of distinguished men have, at length, solved all these difficulties, by showing conclusively, that at the period of heat in the mammalia generally, and at each menstrual period in woman, an ovum, which has been gradually developing itself in a Graafian vesicle of the ovary, becomes mature, bursts from the vesicle and passes into the oviduct or Fallopian tube, whether sexual intercourse takes place or not, (indeed, that this whole phenomenon is entirely independent of coïtus,) and that after having passed into the oviduct, it may be impregnated if connection takes place, and the seminal fluid reaches it, or it may be lost.

“But we are anticipating our subject, and must proceed to direct attention to the works above named, which are devoted to the relation of the experiments and conclusions of the authors on the subject of generation. As however, the work of M. Raciborski embraces a wider range, taking up the subject of menstruation in a hygienic and medical point of view also, it shall first be presented to the reader, the discussion of the theory of the spontaneous periodical discharge of ova being deferred, though its truth must be assumed, until it regularly comes up in the course of this work, when it shall be considered in connection with the same doctrine as developed in the works of M. Pouchet, and of M. Bischoff, which are more exclusively occupied with the proofs of its truth.

“An abstract of some of the conclusions to which M. Raciborski had been conducted, respecting the causes which influence the period of puberty, with one of the valuable tables upon which these conclusions were based, was laid before the readers of this Journal, in the April number of 1844, having been extracted from the valuable anatomical report of Mr. Paget. A brief recapitulation of these will suffice for our purpose and will serve as



an introduction to much other matter relative to menstruation, which we would willingly give *in extenso*, so well is it brought together."

This recapitulation, and that which follows, being the review of those portions of M. Raciborski's work relating to "Marriage in a medical and social point of view;" "The hygiene of young girls, at the approach of puberty;" "the different affections which may retard or interfere with the development of the Graafian vesicles, and thus prevent menstruation;" we are obliged to omit, though replete with interest and practical importance, until some future occasion. The following remarks, however, bear such relations to other parts which are to be presented, that we extract them:

"The revolution of the economy which is observed at the age of puberty, is, as is well known, a very marked one even to the most superficial observer. M. Raciborski considers, that 'the most unequivocal sign of procreative maturity, nay, even more certain than the menstrual evacuation itself, which, from its resemblance to other hæmorrhages, may sometimes lead to error, is the development of the mammary glands, of the pelvis, and of the external sexual organs,' (p. 97,) especially the covering of the pubes with hair, for it is well ascertained, he says, that when these changes occur, the Graafian vesicles have arrived at a degree of development, at which 'they only await the command to burst and cause the first laying, (*ponte*,) which almost always coincides with the first eruption of the menses;' though such a *ponte* may, and probably does occur, he says, before any hæmorrhage is observed, where girls experience periodically, for several months before their menses appear, colics and pains in the abdomen and loins, &c., p. 98.

"In a note to his description of the ovaries, contained in this chapter, M. R. says, that to dissect an ovary properly, it should be steeped in alcohol or boiling water, to harden the albuminous liquid in the vesicles. This done, three incisions should be made through it, parallel to its long diameter, one along the median line, and one on each side; the two lateral incisions being close to the external envelop, present a large number of round depressions, filled, most of them, with a cheesy matter, white, or sometimes a little red—if a little blood is mixed with the albumen—of different sizes, rather more numerous on the anterior than the posterior surface of the ovary, which are, in fact, the Graafian follicles divided; whereas, upon the median incision, that which is usually alone made, but few will be found, and chiefly on the upper edge. By this mode of proceeding, some thirty or forty follicles will be discovered in each ovary of a young woman, at the period of puberty; these follicles being disseminated around the proper substance of the ovary, which forms a central nucleus."

We proceed with our extracts from the review:

"We are thus brought to the consideration of the facts upon which this new doctrine of generation is based; a doctrine which, by a coincidence not rare in the annals of science, is promulgated almost at the same moment by a number of distinguished men, whose occupations and pursuits have brought them by different trains of reasoning to the discovery, probably, in several instances, without a knowledge of each others labors. It is true, that the important truth had been foreshadowed, and even indistinctly perceived by recent investigators, as M. M. Négrier, Paterson, R. Lee, Jones, &c., who were, however, too much wedded to old opinions to yield themselves immediately to the new light which was breaking in upon them; and it remained for M. Pouchet, the Professor of Zoology at the Museum of Natural History of Rouen, to give the first distinct and positive enunciation of the doctrine. In his work, whose title is given above, published in 1842, a work stamped with the impress of profound thought, clear perception, and thorough knowledge of the subject on which he was writing, M. Pouchet has developed, having taught it to his class since 1835, 'the positive theory of fecundation of the mammiferæ,' with all the enthusiasm and energy of conviction. He has even anticipated and answered almost every objection; and although some few errors may be discovered, they must be attributed rather to the fact that his conclusions are based upon a learned scrutiny of the records of science, than upon actual experiments of his own relative to this point.

"His conclusions are thus summed up in ten fundamental and three accessory physiological laws, the latter of which, though he considers them proved, may admit of argument. In a subsequent portion of our notice the general accuracy of these will be shown, and some of their probable fallacies pointed out.

"1st Fundamental physiological law.—The human species forms no exception; the phenomena of its generation follow laws analogous to those which are observed among the different animals, and they are even perfectly identical with the acts which take place among those which occupy the head of the zoological series.

"2d law.—Generation in all animals takes place by means of eggs, some inferior beings alone forming an exception.

"3d law.—In the whole animal series the ovules pre-exist fecundation.

"4th law.—Physical obstacles prevent, in the mammiferæ, the possibility of the seminal fluid being placed in contact with the ovules while yet contained within the Graafian vesicles.

"5th law.—In the whole animal series, without the possibility of question, the ovary emits its ovules independently of fecundation.

"6th law.—In all the animals the ovules are emitted at periods fixed, and in relation with the increased periodical excitement of the genital organs.



“‘7th law.—In the mammiferæ fecundation never occurs unless the emission of the ovules coincides with the presence of the seminal fluid.

“‘8th law.—The emission of the catamenial discharge of women corresponds with the phenomena of excitement which manifest themselves at the period of the *amours* of the different beings of the zoological series, and especially of the females of the mammiferæ.

“‘9th law.—Fecundation offers a constant relation with the emission of the menses; thus, in the human species, it is easy to determine accurately the intermenstrual period at which conception is physically impossible, and that at which it may be probable.

“‘10th law.—Assuredly there exist no ovarian pregnancies, properly so called.

“‘1st Accessory physiological law.—Fecundation in the mammiferæ, is normally effected in the uterus.

“‘2d law.—Abdominal and tubar pregnancies do not indicate that fecundation is effected normally *in* the ovary, and that it is this which causes the emission of the ovules.

“‘3d law.—Normally, the Fallopian tubes only contract from within outwards to transport the ovules.’—p. 11, 12.

“Important as was the work thus performed, it was requisite, before full credence could be reposed in this new doctrine, that it should be sustained and established by direct experiment: this task MM. Raciborski and Bischoff both claim, each for himself, to have performed; the former, it is true, with a full knowledge of the writings of M. Pouchet; the latter, as is evident from his work, without any such knowledge to stimulate him in the prosecution of his undertaking. M. Duvernoy, also, asserts his claims to have discovered this relation between the Graafian vesicle and menstruation; and he unquestionably did, in the autumn of 1842, develop this theory briefly before the scientific Congress, which assembled at Strasburg that year, founding his opinions on analogical proofs.

\* \* \* \* \*

“In support of their respective claims, the works whose titles have been placed at the head of this notice, have since appeared. Without pretending to decide positively respecting them, we cannot but think that the labors of M. Bischoff are best entitled to the merit of having experimentally proved the new doctrine, which he appears to us to have done in the most unquestionable manner. M. Raciborski, however, goes farther into the matter, not confining himself to the mere determination of the law, but examining and illustrating some of its most important bearings, and applying it more strictly to women, upon whom his own observations appear chiefly to have been made.

“In the remarks which are to follow, we will take as our guide the truly experimental work of M. Bischoff. We have already observed that it was long supposed that the laws of generation in the mammalia and man differed essentially from those which were

known to govern the other classes of animals. Though it was well ascertained that in these last the development, maturation and separation of the ova occur independently of the male, the contact of the male semen, however, being necessary for their final development—in the first it was supposed that the congress of the sexes was essential to give origin to the product which the female contributed for the future being. Recent discoveries, by disclosing the existence in the mammalia of ova, which, from their minuteness, had escaped detection by earlier observers, dissipated in part the supposed distinction, although the belief still remained that, notwithstanding the demonstrated existence of *corpora lutea* in the ovaries of virgins, the act of cöitus was requisite for the maturation and separation of the ova. The contact of the male semen was essential to fit them to be discharged.

“Fully impressed with the idea that the exit of the ova from the ovaria was the consequence of cöitus, or occurred during or soon after that act, M. Bischoff instituted a series of experiments for the purpose of ascertaining at what precise period the separation took place. He established, indeed, satisfactorily to himself, though M. Pouchet denies the possibility of such an occurrence normally, that in the dog, the semen penetrates in from twenty to twenty-four hours, and, in the rabbit, in from nine to ten hours, from the uterus, into which it is ejaculated during cöitus, through the oviduct to the ovaries. But he was, at the same time, convinced of his error in supposing that the separation of the ova was determined by copulation, though calculations, founded upon the above results, were approximatively accurate in determining the period of separation; for, as a general rule, none of these animals will allow themselves to be covered until the moment of separation has arrived, although the symptoms of heat may have continued for several days.

“The following fact was among those which first opened his eyes. He took a young, stout, healthy bitch, which had never been pregnant, and carefully watched her. About the beginning of June, 1843, symptoms of heat were apparent, the dogs following her, and there being a bloody discharge from the vagina. She would not receive a dog, however, until the 11th of June, when she was lined, and immediately afterwards M. B. removed, from the living animal, the left horn of the uterus, with the oviduct and ovary of the same side. Upon an examination, with the microscope, which was immediately made, living and moving spermatozoa were found in the upper extremity of this horn, though none could be found in the oviduct: but, to his astonishment, he discovered that five Graafian vesicles in the ovary had already burst, and *corpora lutea* were already distinctly formed; upon further examination, the five ova were found in the oviduct, having already advanced *two* inches, and resembling exactly *ovary-eggs*. The next morning, about twenty hours after copulation, at which time previous experiments had taught him the semen might reach the



ovary, the bitch was killed; and, although spermatozoa were observed still alive in the right horn, they had merely penetrated into the end of the oviduct, about two and a half lines. Five ova were observed at about the middle of this canal, and several lines apart, resembling, generally, those found on the left side, but not as yet surrounded by spermatozoa; while, on the ovary corresponding, there were five fresh *corpora lutea* more advanced than on the other side, but still presenting the central opening.

“This experiment evidently proved that the separation of the ova had occurred previously to the copulation, for, as M. Bischoff remarks, copulation is now known never to have this effect, as he has found since, after several complete copulations of other bitches, that the Graafian vesicles were still entire, and besides, it is altogether improbable, that in a quarter of an hour, the ova could have advanced two inches in the oviduct, when they ordinarily require eight days to pass through its whole length of from two to three inches.

“By a repetition of the experiments of Nuck, Haighton, Cruikshank, Grassmayer, Blundell, &c., which consisted in interrupting, by ligature or otherwise, the communication between the uterus and ovaries through the oviduct—experiments which, in their hands, were productive only of negative results, showing that fecundation was impossible under such circumstances, although *corpora lutea* were formed—M. Bischoff shows, that though the advance of the male semen through the oviduct to the ova is prevented, the Graafian vesicles still swell and burst, *corpora lutea* are formed, the ova pass out, arrive in the oviduct, and, not being vivified, shrink and perish, and that ‘hence, notwithstanding the intervention of copulation, the independent course of the development of the ova is proved.’—p. 18.”

Here follow two experimental proofs, the one “proves most conclusively the maturation and separation of the ovum in a young virgin animal, consequently entirely independent of copulation;” the other “by a double experiment upon the same animal, proves as satisfactorily as possible, the ripening and separation of ova during heat and without the aid of the congress of the sexes.”

M. Bischoff lays down the following law, “which it will be seen, brings the generation of the mammalia under the same general rule which obtains in that of all other classes of animals.”

“Both in mammalia and man, also, the self-forming ova in the ovaries of the female experience a periodical ripening, entirely independent of the influence of the male semen. At this period, which, in animals, is called heat, and in women, usually, menstruation, these matured ova separate themselves from the ovary and are pushed out. At this time, alone in animals, and especially in women, are sexual desires also manifested. If coïtus takes place, the fructification of the ovum follows, in consequence

of the material action of the male semen upon it. If cöitus does not take place, the ovum does not the less separate from the ovary, pass into the oviduct, but there perishes. The relations of time, however, as it appears, may vary in different animals within different yet fixed limits. The semen may have sufficient time to reach the ovary before the ovum has separated. The ovum may also have already passed out, and the semen have first encountered it in the oviduct; the action of the semen upon the ovum must still, however, always take place, if the ovum is to be developed, which development is commenced while it is still in the oviduct. But at this period of the periodical ripening of the ova, alone, can cöitus be followed by fecundation.'”—pp. 4, 5.

The Review proceeds then with the proofs of the applicability of this law to woman. Our limits oblige us to leave the subject here, with the intention of continuing our extracts at another time.

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*Our Journal.*—The present number completes the 1st volume of our Journal. We have to congratulate our friends and ourselves upon the increasing popularity of our enterprise, evinced by the demand for the back numbers of our present vol., by the continual increase of our subscription list, and the complimentary letters volunteered by many of our subscribers. It is with pleasure that we announce to our friends that our Journal is no longer to be considered an ephemeral work, but as established upon a firm foundation. Our monthly visits may still be expected. The first number of our second volume will be issued in April. No change in the form of the Journal, in the publishers, in the editor, or in the price of subscription, is anticipated. On our part, we promise our readers increased exertion, to render our next volume profitable and interesting; and we flatter ourselves, that our greater experience will assist our future endeavors, while the increase of our facilities, will, we trust, render our task more easy.

We also have to thank our exchanges for the courtesies which they have extended to us, and the flattering notices which they have frequently made of our pages, hoping that our second volume may be received by them with equal favor.—ED.



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THE  
ILLINOIS  
MEDICAL AND SURGICAL  
JOURNAL.

EDITED BY

JAMES V. Z. BLANEY, A. M., M. D.

PROFESSOR OF CHEMISTRY AND PHARMACY IN THE RUSH MEDICAL COLLEGE.

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# ILLINOIS MEDICAL & SURGICAL JOURNAL.

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VOL. II.

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THE present number of the ILLINOIS MEDICAL AND SURGICAL JOURNAL commences its second year, and second volume. In the announcement of our publication in the first number of the preceding volume, we acknowledged some doubts of our success. We are happy to say that our doubts are now fully dispelled. Our journal has met with a success which, while it is gratifying to us, establishes it permanently on the list of Medical periodicals. There is but one respect in which we have reason for complaint and regret, viz: that our professional readers have aided us so little by their contributions. We hope that this will be amended. We again extend our invitation to practitioners to contribute to our pages. One of the avowed objects of our journal is to make the medical men of the North-West known to each other; and as ours is still the only medium of communication with the medical world in this vast region of the North-West, we feel that we have a strong claim upon the profession to support our enterprise.

In the department of our journal devoted to Practical Medicine, our exchange list affords us every facility for keeping our readers well apprised, and at an early date, of all improvements of importance in medical practice. In our Bibliographical Notices, we shall, as far as practicable, inform our readers of the issue and relative value of new publications, expressing our opinions with freedom and impartiality. We shall also endeavor to select the most important and spirited portions of Medical Reviews of works which may not be accessible to our readers or ourselves; by this means obviating, as far as practicable, the disadvantages arising from want of access to the large libraries of eastern cities. We will also continue to keep our readers informed of the various topics of interest to the profession, embraced under the head of Medical Intelligence.

The Advertising sheet of our cover is available upon moderate terms, to Druggists, Booksellers, cards of Physicians, Surgical Instrument Makers, &c.

We hope that this, our second volume, will meet with equal favor from our subscribers and contemporaries, with our first. We cannot but think that we have somewhat more experience, and do not intend to relax in the exertions which have sustained our journal in their good opinion.

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*Case of Encephaloid Tumor of the Ovaries.* By W. BUTTERFIELD, M.D., Little Fort, Ill.

IN the month of June, 1844, I was requested to visit Miss F., a resident of this county, "afflicted with a disease of the womb." The history of the case was, that between eight and nine months previous, shortly after recovering from a remittent febrile attack, she was seized with a sharp pain in the right iliac region. The proper antiphlogistic treatment was directed, and she soon was apparently well. Soon after this the patient observed a small, round, hardened tumor, at the point where she had experienced the pain. As she suffered but little inconvenience, no attention was paid to it, and her friends were not informed of its presence. For the first few months the tumor enlarged very slowly, and with but occasionally very slight pains. During the fourth month from the time it was first noticed, the tumor enlarged with more rapidity, it rose up out of the pelvic cavity and stretched over towards the mesial line. At this period she noticed a "swelling" in the left iliac region. This tumefaction, hard and round, increased in volume very rapidly; it extended upwards, and tended also towards the mesial line by degrees, until finally, in the language of the patient, "the swellings had met." From this time until a month or six weeks before I saw her, she had not experienced much pain; occasionally there would be so intense pains as to oblige her to resume the recumbent position for a few hours; at other times she followed her usual household pursuits. About four weeks before I saw her, she became subject to a very distressing dry cough; she also was frequently attacked with excessive paroxysms of dyspnoea; she began to experience general pains throughout the abdomen, and was confined to her room for the most of the time. During one of her paroxysms of dyspnoea, I was called to her.



Upon examination of the abdomen, I discovered in the umbilical region a large, hard, uneven tumor, which seemed to have prolongations on each side, which dipped down into both iliac regions. The main prominence could be traced inferiorly to within three inches of the symphysis pubis. Superiorly it was perceptible to a short distance above the umbilicus. One or two hard lobular projections, of the size of an orange, slightly elastic, could be felt on the central tumor. Fluctuation was perceptible at several points. The diagnosis was an encysted tumor involving both ovaries. She had emaciated a good deal, the pulse was at 100 and quite weak, the appetite was very slight, the bowels were constipated, but easily acted upon, and the urine was scanty and often bloody. Until within a period of six weeks from the time I first saw her she had menstruated regularly. Of the treatment little is to be said. The secretions as far as possible were regulated, internally and externally. Iodine and other alternatives were freely used. Two weeks before death, anasarca of the inferior extremities set in. Nine days before her decease she was tapped, and three quarts of a thin serous fluid withdrawn; between the operation and the period of her death, probably 7 or 8 quarts in addition oozed through the puncture. On the 4th of August following, death took place.

An examination was had four hours after death. An incision was made from the ensiform cartilage to the symphysis pubis, intersecting a transverse section. Withdrawing the integuments, the dissection was continued through the peritoneum, which was thickened and closely adherent to the diseased mass beneath; separating these adhesions there was exposed a large tumor involving both ovaries, and filling nearly the entire abdominal cavity. The broad ligaments were so closely connected with the disease as to render it impossible to trace them out. The round ligaments were densely united to the tumor, and from them large vessels entered the substance of the tumor. The fundus of the uterus was united to the tumor by a cellular membrane which was freely supplied with large vessels. The walls of the uterus were somewhat thickened, in other respects that organ was normal. The largest portion of the tumor was slightly to the right of the mesial line, so that we may suppose that the disease sprung from the right ovary, and after a certain period the left became involved. Above, the tumor lay in connection with the stomach, liver, and spleen. The bowels were forced upwards and backwards, and

were agglutinated together by a cellular membrane which was spread over the interior surface of the tumor. This membrane was traversed in all directions by large vessels, some of them being of the size of a goose quill. Its surface was studded over with innumerable small, hard, round points, the texture of which corresponded to that of the tumor. The mesenteric glands were enlarged, slightly reddened and somewhat softer than natural. The colon was less than one half of the normal size. The liver which lay in connection with the tumor was enlarged, and its inferior half presented the same appearance externally, and on incisions being made into its texture, proved it to have taken on the same degeneration as the ovaries. The tumor was of a greyish white color, hard and slightly elastic. Its anterior surface was composed of a series of lobular projections, from the size of an orange down to that of an hickory nut. Upon removing the mass from its position, a section being made through its centre, exposed a cyst containing one quart of semi-gelatinous fluid of a pale yellow color. No communication could be found between this cavity and the peritoneal sac. Sections being made of the tumor proved it to be of the class styled by Lænnec and Prof. Carswell, *encephaloid*, cellular in its texture—the cells being produced by the passage of fibrous bands. Many of these cells were softened, containing fluid resembling cerebral matter. The external surface was more dense, resembling the class of scirrhus growth. After the evacuation of the fluid, the tumor was found to weigh five pounds and seven ounces.

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### BIBLIOGRAPHICAL NOTICES.

“*Positive Theory of the Fecundation of the Mammiferæ.* By F. A. POUCHET, M. D., Paris, 1842.”

“*Of Puberty and the Critical Age in Women, and of the Periodical Discharge of Ova by Women and the Mammiferæ.* By M. A. RACIBORSKI, M. D. &c., Paris, 1844, pp. 520.”

“*Proof of the Periodical Ripening and Separation of the Ova of Mammalia and Man, independent of Coitus, being the first condition of their Propagation.* By TH. L. W. BISCHOFF, M. D., P. D., &c., Giessen, 1844.”

In the March number of our last volume, we presented to our readers parts of a review of the above works. The extracts there made, showed forth the new theories of “Fecundation in



the Mammiferæ," and the "Ripening and Separation of the Ova," with the proofs from experiments upon animals. It remains to show that these rules are true as regards the human family. We again take up the Review, and present entire the portion devoted to the consideration of this part of the subject.

"It is necessary, still, to prove the applicability of this law to woman, and to show that menstruation actually corresponds with the period of the maturation of the ova in their ovaries. Without resorting to the facts furnished by M. Négrier, (who, by the way, was the first to give an accurate account of some of the true anatomical characteristics of the discharge of ova by women, with a description of the successive evolutions of the Graafian vesicles, from the moment of their formation until the ova separate from the ovary,) M. Gendrin, Robert Lee, Paterson, T. Wharton Jones, &c., which are, in themselves, conclusive, we will merely adduce the proof afforded by the authors whose works we are considering.

"M. Pouchet, after accumulating a great number of proofs of the existence of a periodical menstrual discharge among animals, or, at any rate, when this is not observed, of a periodical afflux of blood into the genital organs, which is essentially connected with the rutting season, now known to correspond with the maturation of a Graafian vesicle, contends that the same phenomenon in women must be due to the same causes, or that menstruation in them must correspond with the period of maturation of an ovum.

"M. Raciborski, in addition to this mode of reasoning, describes the actual progressive development (pp. 53, 54, 92, 419,) of the Graafian vesicles in the ovaries of women, as he has done also of those in the sow, in proportion as we approach the age of puberty. 'In proportion as the ova ripen,' he says, 'the follicles which enclose them increase in size. Ten or twelve days before the *ponte*, they already become prominent above the surface of the ovary, sometimes in a nipple form, sometimes as a broad protuberance, having still semi-transparent parietes, and enclosing a yellowish-white viscid liquid, rich in granulations, visible by means of a microscope, and coagulating by means of alcohol, boiling water and nitric acid. At this period, if the body is opened shortly after death, the ovule may be quite easily distinguished in the midst of the granulations. The whole ovary becomes the seat of a strong congestion, and augments sensibly in volume.'--- p. 421.

"In proportion as the Graafian vesicles are developed, and the moment of *ponte* approaches, the parietes of the vesicle, although more and more distended, begin to appear less diaphanous, in consequence of the thickening of the internal membrane and of the hæmorrhage which occurs at the last moments in the interior of the vesicle. Finally, the point becomes evident at which the opening is to take place, at the most prominent part of the tumor.

This point generally presents the aspect of a reddish spot some lines in extent, caused by a strong injection, and even partly due to a slight effusion of blood into the thickness of the tunics of the vesicles.—p. 424.

“This injection of the ovaries corresponds with a strong congestion of all the genital organs of the female, which finally relieves itself by a hæmorrhage, constituting the menstrual discharge, at the end of which the ovum bursts forth from its envelop.

“M. Raciborski reports two cases, which he was so happy as to observe, in support of these propositions. The first was that of a healthy, well-formed virgin, twenty-six years of age, who had had her regular menstrual discharge on the 30th August, 1842. On the 10th of September, seventeen days after, she was attacked with dysentery, which terminated fatally on the 30th of September, or one month after her last menses.

“Her hymen, after death, was found intact, allowing but a small passage. The right ovary, sensibly larger than the left, presented a mammillated vesicle, covering with its base part of the anterior face, and having upon its surface some vascular ramifications, while its internal membrane was found covered with a rich and delicate net-work of vessels. This membrane was yellowish-white, scarcely a quarter of a line thick, and easily separated from the other coats, and contained within it a liquid which, under the microscope, presented a large number of white granulations, with many yellowish globules. A small cicatrix, with a red areola, was found on the posterior surface of the ovary, corresponding with a small excavation, large enough to contain a cherry-stone, covered by a membrane evidently folded, and, as it were, festooned at its edges, of an orange-yellow tint, and containing at the bottom a small softish black clot of blood, attached, by some filaments only, to the sides of the excavation.—pp. 421-4.

“This last was unquestionably the trace of the previous maturation and separation of an ovum, and, without doubt, the Graafian vesicle, so much enlarged, would have been opened, had not the disease interfered with its entire changes.

“Another observation is given of a girl, nineteen years old, strongly formed, &c., who was attacked with scarlatina, having had her regular menstrual discharge twenty-four days previously. She was sent to La Charité, where, two days after being attacked, she died. On examination, the two ovaries were found of greatly different volume, the left being the larger; on this a large protuberance was observed, with a spot upon its most prominent part, of a deep red color, as large as a ten cent piece, surrounded with a broad areola of a lighter color, and gradually losing itself in that of the envelop of the ovary. The spot was evidently the result of a strong congestion with effusion of blood into the thickness of the tissues. A crucial incision through it opened a cavity large enough to hold a very large cherry, filled with a granular matter resembling, exactly, the liquid of a Graafian vesicle, har-



dened by alcohol, (it had been preserved in alcohol for several days before opening it,) only it was strongly colored red. The internal membrane was no longer as vascular as in the preceding case; but presented no interval between it and the other. Besides this cavity, there was another, one half smaller, formed by a vesicle destined, probably, for the subsequent *ponte*. The left Fallopian tube was united to the ovary by old cellular adherences, its extremity being folded inwards, thus stopping up entirely its abdominal opening. The right ovary showed only some traces of ancient cicatrices, and some vesicles about the size of a pea—the right tube was obliterated at its middle.—pp. 425, 428.

M. R. presents these two facts, showing the condition of the vesicles at about the time of the menstrual discharge, but has never had occasion to observe any who have died during this period. Still, he concludes from analogy, and from some facts which are reported by others, that the rupture does not occur till the end of the menstrual evacuation. Upon examining a woman who had died from eight to twelve days after the cessation of her menstrual period, he says, you will always meet with traces of a rupture entirely too recent to be attributed to a later period than the last menses.—p. 432. One of the ovaries presents, then, a slightly prominent swelling, surmounted by a red spot, with a linear slit, of which the edges are already agglutinated together. Upon the ovary at this spot, a cavity will be observed, already smaller than that of the vesicle before the rupture, but filled entirely with a clot of blood, generally about the size of a moderate-sized cherry. M. R. has never, in forty cases, found this to fail. These clots may be easily removed, and the parietes of the vesicles generally present an orange-yellow color, which disappears in alcohol. The surface of the membrane is slightly folded, and, as it were, tomentous, the place where the opening had been being usually more translucent than the rest of the anterior surface. M. R. considers these clots, like the fleshy masses in the vesicles of animals, as a sort of mould to prevent the too rapid retraction of the parietes of the vesicle, a retraction which commences as soon as it is broken. The folds of the internal membrane which had formed immediately after the rupture of the vesicle, disappear in consequence of their adhesion; the more liquid portions of the clot are gradually absorbed, the clot itself becoming smaller, the cavity constantly contracting, until, at about the end of a month, it could hardly contain a cherry stone, as was observed in the first case above. Finally, the parietes are brought together, a single yellowish or slate-colored streak, or one  $\triangleleft$  shaped, being the only trace left at about the end of from four to six months, generally. As long as the least trace of yellow color remains, there still exist some traces of the internal membrane, its yellow color being derived from an imbibition of the coloring matter of the blood.

“Death occurring after an acute disease to a woman, habitually regular every month, will reveal in her ovaries marks correspond-

ing with those above mentioned in every stage of development, while, if the disease had been chronic, of very long standing, the functions of the ovaries, like those of other organs, being arrested, they will either exhibit old cicatrices, or the vesicles will be pale and without injection, even if large. M. Raciborski remarks, as has been done by others, that the notion that the ovaries act alternately is entirely incorrect. He says, also, that in cases where obstructions in the Fallopian tube exist, so that the ovum cannot pass through it, the ovum may fall into the cavity of the abdomen, and be dissolved without causing inflammation, the obstruction giving rise, as where the ovary is surrounded by false membranes, to physical sterility.

“Thus the same phenomena are observed in women that are ascertained to be present in the females of animals; and the same argument by analogy, offered by M. Pouchet, relative to this point, is maintained. The hæmorrhage from the uterus is merely an accessory to the phenomena of the periodical ripening of the ova, so that if animals do not present this, they do not therefore differ in the main and essential points connected with the function under consideration. Be this, however, as it may, many animals are known to present even this phenomenon, so that we must acknowledge the entire accordance in all essential matters between man and animals in relation to the function of generation.

“Before leaving this part of our subject, we will advert to the opinion of M. Raciborski, in relation to the nature of the menstrual hæmorrhage: ‘It is nothing but a critical termination of the congestion which accompanies the highest degree of development of the Graafian vesicles. From all we have seen,’ says he, ‘it is probable that it coincides with the hæmorrhage which takes place in the interior of the vesicle some days before the *ponte*.’—p. 446. ‘It cannot, therefore, differ in its nature from that of the blood, which constitutes the element of these congestions, and should be composed chiefly of arterial blood, as experience proves it to be.’—p. 447. The experiments of Denis and Bouchardat show that the fluid of the menstrual discharge differs from arterial blood only in being mixed with a certain proportion of mucus. But menstrual blood does not coagulate: M. Mandl has shown that the smallest quantity of mucus or pus mingled with blood prevents its coagulation; and it is known, that where large quantities are retained in the uterus, a symptom of dysmenorrhœa, clots are formed. We have thus fully exposed the opinions of M. Raciborski, which will be found as valuable, as they are admirably laid down by this most agreeable writer. To this statement of facts we find little to add from the work of M. Bischoff, whose observations relate rather to the inferior animals than to man. He states, however, that he has been so fortunate as to have had an opportunity of examining four healthy young women, of whom three were found dead in the water and the other died suddenly. In all, the evidences of menstruation at the time of their death were undoubt-



ed, and in three of them, at the same time, a Graafian vesicle in one of the ovaries was found burst and filled with fluid blood; and in the fourth, one uncommonly swollen was observed about seven lines in diameter. In one case, he afterwards learned that the person was actually menstruating at the time of her death. From Dr. Ecker, of Heidelberg, he has an account of a young person, aged 25, who was executed, having menstruated twelve days previously. Dr. E. found in one of her ovaries a Graafian vesicle, burst and filled with a fresh coagulum of blood. He was unable to find any thing of the ovum, as might be supposed at so distant a time.

“We have thus accumulated a mass of evidence, which might be greatly augmented if it were desirable, showing the correspondence of the rutting season or heat in animals with the menstrual period of women; and we may conclude this portion of our notice with another law of M. Bischoff, which he doubts not will hereafter be found true in all particulars:—‘During the years in which a woman is susceptible of impregnation, an ovum ripens and is separated from the ovary every four weeks, this phenomenon being accompanied by simultaneous hæmorrhage from the uterus. This periodical maturation of an ovum is the first and most essential condition of conception and pregnancy. At this time alone will cœtus be followed by conception; at all others this last will be impossible.’—p. 43.

“It is almost unnecessary to remark, that during pregnancy, and for some time during lactation, this last period, varying in different women, there is a cessation of the function of secretion, if such a term be allowable, on the part of the ovaries. We have already adverted to the opinions of our authors, upon the length of time during which impregnation is possible at each menstrual period; and we have, also, noticed an objection which may be started against this theory, and which is satisfactorily answered by our authors, viz., that women often conceive who have never menstruated—an objection which is rather specious than real, for it has been shown, that menstruation or the bloody discharge is not essential to indicate the maturation of the ovum. It may ripen, as in many animals it does, and may be discharged, without the slightest appearance of hæmorrhage.”

The Review, of which the above is an extract, may be found, over the signature C. R. K., in the *American Journal of the Medical Sciences* for January, 1845, p. 113–131.

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#### INTRODUCTORY LECTURES.

The Class of Willoughby University, of Lake Erie, have published the introductory lecture of H. H. CHILDS, M. D., Prof. of Obstetrics, &c. “General Principles” is the subject discussed in the lecture, and it is treated in a pleasing and masterly manner.

We are much pleased with the Professor's remarks condemning *exclusive* systems, and the distinctions drawn between physicians practising by *rule*, and those who "arrange the *facts* of medicine deducing therefrom a legitimate induction, General Principles, make these the sole guides in his practice." Quackery receives no quarter at the hands of Dr. Childs. Its success he charges in a great measure to the routine practice of the medical profession. We regret that we have not room to quote that portion of the lecture discussing this topic.

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*Dr. Charles A. Lee*, upon assuming the duties of the chair of General Pathology and Materia Medica, in Geneva College, delivered an admirable lecture upon Medical Education, which has been published by the class. This lecture is far from being an ordinary production. The manner in which the subject is discussed, must prove to the reader the competency of the Professor *to teach*. The lecture, though of unusual length, possesses so much interest, and is written in such an *easy* and flowing style, that it will be read with pleasure and profit by all who may be so fortunate as to obtain a copy. The reputation which Dr. Lee has made, and is making for himself, as editor and author, would of itself demand for his lecture a careful perusal.

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An introductory lecture, on the means of promoting the "Intellectual Improvement of the Students and Physicians of the Valley of the Mississippi," by DANIEL DRAKE, M. D., comes to us from the Louisville Medical Institute. No one can be more capable of doing justice to this subject than Dr. Drake. Just returning from a tour through the south and west, with the express view of visiting the medical men of those sections, the opportunities which he has had of observing where improvement is demanded, give the Dr. ample materials for a lecture. An occasional touch of sarcasm (as in his description of a western physician's office,) does not detract from the *interest* of the lecture, and as it comes from a veteran in the profession, will be felt and do good, wherever it strikes home. It would be well for the profession in the Valley of the Mississippi, if every physician and student of medicine were supplied with a copy of Dr. Drake's Lecture.—ED.

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*An Address on Insanity, and the establishment of a Lunatic Asylum*, delivered before the Committee of the House of Representatives on Education, and the public, December 25th, 1843, by JOHN EVANS, M. D., of Attica, Ind.

A notice of this Address may be found in the May No. of our 1st Vol. It has been republished in a pamphlet form, at the request of the Senate's Committee on Education, for the information of both houses of the Legislature of Indiana. In our former notice we expressed the hope that it might be widely circulated and extensively read.—ED.



*The first lines of the Theory and Practice of Surgery, including the principal operations.* By SAMUEL COOPER. *With notes and additions,* by WILLARD PARKER, M.D., &c. 2 vols. 8vo. New York: Samuel S. & William Wood. (From the publishers.)

This is a work so well known to the profession, that it is only necessary to announce a new edition, to ensure it a favorable reception. The preceding editions, edited by Dr. Stevens of New York, and Dr. M'Clellan of Philadelphia, had been for some time exhausted when this was issued. The notes and additions by Dr. Parker are judicious, valuable, and in strict accordance with the original plan of the work, and render it a very perfect work on the principles of surgery, in the present perfected state of the science. The mechanical part is well executed.—D. B.

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## MEDICAL INTELLIGENCE.

### MISS MARTINEAU'S MARVELOUS MESMERIZATION UNMYSTIFIED

"A Medical Report of the case of Miss H—— M——," has recently been drawn up and published by Mr. T. M. Greenhow, for general circulation, with "the entire concurrence of the patient,"\* [!] "scarcely any one," Mr. G. adds, being really "ignorant of the general character of the precise causes of her continued suffering." The following condensation of this report, which we copy from the *Lancet* of January 4th, will furnish our readers with the prominent details.

"In a letter from Venice, dated June 14th, 1839, Miss M., æt. 37, first communicated to me that, during the preceding year, she had been sensible of a 'great failure of nerve and spirits, and of strength.' Frequently she experienced sharp pain in the uterine-region, the catamenia occurring every two or three weeks, and a very irritating discharge, of a brown or yellowish color, taking place in the intervals. The irregular uterine discharges continued, occasionally mixed with clotted blood; and she suffered from many distressing symptoms, evidently arising from uterine irritation; 'inability to stand or walk, aching and weariness of the back, extending down the legs to the heels;' 'tenderness and pain, on pressure, in the left groin, extending by the hip to the back. The spirits became much depressed, and the power of enjoyment was gone.' At the same time, 'a membranous substance, like the end of a little finger,' was discovered projecting from the os uteri, described in the following terms, by a friend who accompanied Miss M. on her journey. 'Twice there has been a discharge, similar in color and substance, to blood. Two days ago it was found that, from the same passage, (vagina,) was protruding the extrem-

\* Miss M. has since stated that Dr. Greenhow was mistaken in supposing he had her entire concurrence to his laying his statement before the public.

ity of a solid substance, totally insensible, of a reddish-brown color, in form resembling the end of a bullock's tongue, with a decided edge or point; it can be pushed back without difficulty or pain, but it falls again.' Either prolapsus uteri or a polypous tumor, of a fibrous nature, was conjectured to be the occasion of these appearances. From Lucerne, July 6, 1839, Miss M. wrote respecting one character of the complaint, (*retroversion of the uterus*,) which took place: 'I cannot walk without injury, but keep my feet laid up, and my knees somewhat raised, as the easiest posture. I began to use the syringe, as you and Dr. Nardo (an Italian physician) recommended; it was a great relief, but, in *three days*, there was *no room for it*, and, on this account, I have never been able to use it since. I discontinued the sponge, finding it irritating, as you say, and it is not now *necessary*.' The sponge was used as a pessary, and the syringe for injecting tepid fluid into the vagina. The occupation of the vagina, by the enlarged and retroverted uterus, I wish to be held in view.

"In July, 1839, Miss M. arrived in Newcastle and placed herself under my care, suffering from the various morbid nervous sensations already described, moderate walking exercise being attended with great inconvenience. The whole symptoms were referable to some derangement of the uterus, which, on examination, was found large, retroverted, and fixed low down in the vagina, the os and cervix uteri occupying the anterior part of the cavity, and the body and fundus of the organ passing horizontally backwards, till the latter approached the sacrum. The enlarged uterus thus occupying the antero-posterior diameter of the pelvis, pressed respectively against the urethra and neck of the bladder and the lower part of the rectum, and this pressure often caused great uneasiness. While the fundus uteri extended backwards, towards the sacrum, the cervix was bent downwards behind the pubes, nearly at a right angle, and, hanging from the lip was a small polypus, which was soon removed, but without alleviation of the symptoms. I was assured, by my patient, that the projecting body which showed itself at Venice was different from, and much larger than this small polypus; and though the os uteri was not dilatable with the finger, and, from its preternatural position, was in a very unfavorable condition for the exclusion of any body contained within the uterus, I for some time hoped that another and larger polypus might again appear. Warm baths and ergot of rye did not promote this object, and soon only appropriate palliatives were employed.

"The tenderness in the left groin was somewhat relieved by leeches, but total rest soon became absolutely necessary, and the nervous discomfort indicated recourse to opiates, used in great moderation, but without much relief being obtained. Subsequently, oppressive retching supervened, and much difficulty in micturition, and in emptying the bowels, attended the pressure of the uterine tumour, as well as the distressing pains frequently ex-



tending to the heels. The abdomen became considerably distended, from flatus and other contents; for the uterus could never be felt above the brim of the pelvis, though it doubtless, by pushing the viscera upwards, in some measure, produced a general enlargement of the figure. Not unfrequently, although aperients or injections were used, a gradual accumulation in the bowels took place, giving rise to increased distress, requiring active purgatives. The constant aching in the back rendered it painful to rest upon the sacrum, on the sofa; so a prone position was adopted.

“Little variation took place in the symptoms, or in the affected organ; and, in 1840, I stated the case to Sir Charles M. Clarke, who thought that rest and palliative treatment—the general health being carefully maintained—could alone be depended on; but, in Sept., 1841, Sir Charles visiting this part of the country, after a careful investigation, gave the following opinion in writing, dated September 30th. He says; ‘I perfectly agree with you, that the disease was an enlargement of the *body* of the uterus; that the *neck* was perfectly healthy; although the majority of these enlargements of its body do not yield to external applications or to internal remedies; nevertheless, the disorder produces mechanical symptoms only, and *does not lead to any fatal result*, to which the disease of the *neck* does lead. In an instance or two, I *have* known such complaints as Miss M.’s subside; and I would employ for this purpose, the continued external use of iodine ointment,’ but which my patient refused to carry into effect. Therefore, I proposed a course of iodide of iron, which, with short intervals, was persevered in till July or August, 1844. The distressing sickness was thus greatly mitigated, the appetite improved, and increased health and mental energy showed itself. The following, in September, 1843, was her own opinion of its effects at that time:—‘I suppose I owe my much improved comfort mainly to the pills, (iodide of iron;) indeed it is very great. The pulling and sinking—the mechanical troubles, as one may call them—of course continue; but the almost total absence of sickness, and the striking lessening of the ‘distress,’ are such a comfort to me!’ Occasional examinations of the affected organ took place, but no change could be discovered, excepting the appearance of a membranous substance at the os uteri, which, generally, scarcely protruded beyond its lips, though occasionally described as larger, resembling the appearance observed at Venice, though smaller. It proceeded from the interior of the uterus, and had no attachment to the neck, the finger passing round it on all sides, naturally giving rise to the renewed supposition that the uterus contained a polypous growth, whose separation might be effected by time.

“On April 2d, 1844, I first detected a change in the uterus. The fundus was less fixed, and could be slightly raised from its position. The membranous pedicle remained.

“In June, Miss M. suffered much from indigestion, with loaded bowels. The symptoms proper to the organic affection, especial-

ly the distressing pain in the back, were increased; means were used to correct the visceral derangement, and a plaster with belladonna was applied to the sacral region, from which but slight relief was obtained. The unwonted symptoms of indisposition had subsided, when, on June 22d, the mesmeric treatment was commenced, of which a full account has been published in the *Athenæum*, by Miss M. From this time she ceased to be properly under my care, though her accustomed remedies were not yet laid aside; but, on September 4th, I carefully repeated my examination, and found, as on April 2d, the posterior connexions of the uterus less fixed. The retroversion continues, but the fundus, which rests against the rectum and sacrum, feels looser, and admits of being raised to some extent with the finger in vaginam. It is less firm in substance, and the os uteri, to a certain extent, dilatable. Within, and slightly projecting from the os uteri, can be felt *two* substances, which convey to the finger a sensation as if two lumbrici, of moderate size, hung through the mouth of the uterus. These bodies are said, on pressure, occasionally to exude a reddish discharge. Miss M. informed me that the catamenia have resumed their natural course, and that the breasts have increased in bulk. The iodide of iron, and all aperients, have been discontinued, the bowels having lately acted with regularity. The use of opiates has been greatly diminished by enema, and, internally, altogether omitted. The sickness and other gastric inconveniences have ceased; the irritation in the rectum and neck of the bladder is no longer complained of; quietude has succeeded to irritability of the nervous system. 11th.—Comfortable, and opiates greatly diminished; other medicines unnecessary. Been in the garden, on a sofa cushion. 21st.—Reports favorably. Opiate reduced to a very small dose. Walked to the Haven, with no uneasy effects. Oct. 8th.—Can walk two miles and a half. Opiates discontinued. At first, the nights were bad. Last night she slept well, having taken a quantity of brandy and water. No irritation at the neck of the bladder. Some pressure still on rectum; otherwise feels well. Bowels regular.

“Dec. 6th.—Again carefully examined the uterus, which is *less fixed*. The retroversion continues, the fundus still extending towards the sacrum, while the os uteri approaches the pubes. The two membranous pedicles remain hanging out of the os uteri; the health quite good, and the catamenia regular; the nervous pains and irritations all subsided. Renewed habits of activity seem to have greatly contributed to restore the symmetry of the abdomen.

“A glance at the prescriptions employed, except on particular emergencies, during the last three years, will show the error of supposing that Miss M. was in the habit of seeking relief in large and unmeasured doses of opium. (It is unnecessary to copy them in this analysis.)

“Knowing well that no malignant disease of the affected organ existed, I always believed that a time would arrive when my pa-



tient would be relieved from most of her distressing symptoms, and released from her long-continued confinement. The catamenial crisis appeared the most probable period, but I did not despair of this happening sooner; though she never willingly listened to my suggestions of the probability of such events, but seemed always best satisfied with admissions that she must ever remain a secluded invalid—an additional symptom of the morbid influence over the nervous system, of the class of diseases in which this case must be included. Oftener than once, I have used the expression, that, probably, before long, Miss M. *would take up her bed and walk*. In this case, the advocates of mesmerism may try to find arguments in support of their opinions. But the experienced practitioner will have little difficulty in bringing the whole into harmony with the well-established laws of human physiology. The condition of the uterus, in December, 1844, is but the natural sequel of the progressive improvement begun in April; and the time had arrived when a new and powerful stimulus only was required, to enable the enthusiastic mind of my patient to shake off the nervous symptoms.”---*Med. News*.

## PRACTICAL MEDICINE, &c.

*An easy and certain method of performing Catheterism, even in the most difficult cases.*—By J. G. MAISONNEUVE.—In the hands of the ablest and most experienced surgeons, catheterism, in cases of retention of urine, is often a difficult and sometimes a dangerous operation, and in those of an inexperienced surgeon, it is daily a source of serious accidents. Of late, numerous methods have been proposed to facilitate this operation; and Dr. Maisonneuve proposes the following:—Introduce into the urethra a very small gum-elastic bougie, and when it has reached the bladder, slip over it a catheter, open at both ends. The passage of the latter inwards is facilitated by a bit of silk passed through it and then tied to the extremity of the bougie. To cause the catheter to penetrate easily and without pain into the bladder, it is sufficient to push it onwards on the bougie, drawing gently all the time on the silk. This method has succeeded in all the cases in which the author employed it, some of these being very difficult ones; and from these facts, he concludes: 1, that catheterism, performed in the way just described, is, of all the known methods, the easiest and most certain; 2, that it succeeds wherever the other methods are applicable; 3, that it succeeds where the others fail; 4, that it sets aside all painful trials, all ruptures of the canal, all false passages and all the accidents which they give rise to; 5, that, to perform it, no peculiar skill is needed; on the contrary, it may be employed by persons not at all accustomed to such an operation; 6, that it enables us to set aside the numerous instruments proposed to overcome the different obstacles encountered.---*Med. Times, Jan. 25, 1845.*---*Medical News*.

*Blisters in Children.*---Some discussion took place respecting the use of blisters in children. Generally, their employment was looked upon as only a choice of evils, and two cases were related in which their application produced fatal results. The president had found, in cases where blistered surfaces were healed with difficulty, that the mixture of a grain or two of opium with an ounce of spermaceti ointment was of great benefit. In cases in which morphia was employed endermically, the difficulty often was, to keep the blistered surface open.---*Lon. Med. Soc. Rep. in Lancet.*---*Bost. Med. and Surg. Jour.*

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*Case of Singultis of several years' standing cured by Acupuncture,* by Dr. EMILIANI.---The patient was a female, 30 years of age, of an irritable temperament, (menstruated 17 years ago.) She had suffered from singultis, with rare and short intervals, for a period of seven years, and had undergone different modes of treatment, without any beneficial result. When she placed herself under the care of the author, she appeared rather emaciated, but not particularly affected in her general health. Thus, the disease was considered of a nervous origin. The author performed acupuncture at the upper and middle part of the epigastric region, and used for this purpose from four to eight needles, which were left in the part from an hour and a half to three hours. The hiccough became less severe immediately that the needles were introduced, but returned as soon as they were removed. On the needles being re-introduced in greater number, and left there for a longer period, the hiccough was not perceived during the whole time of operation; it returned afterwards, however, but with less violence. For a month, this treatment was continued; acupuncture was repeated eight times, and the hiccough was at last so completely eradicated, that for the last three years, the patient has enjoyed complete health, and never perceived any re-appearance of her former complaint.---*Med. Times*, from *Schmidt's Jahrbuch.*---*Med. News.*

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*New Method of Dressing Wounds and Ulcers.*---By Dr. LAUGIER.---This method consists in applying, on the surface of the wound or ulcer, a solution of gum-arabic, and on it a bit of gold-beater's skin; thus dressed, a wound, an inch in diameter, was reduced in the space of eight days to one-third or one-sixth of an inch in extent. Cicatrization took place so rapidly, that the granulations, covered with a thin epidermis, were as numerous and visible as before, but could be touched without causing pain. A wound, produced by amputation of the breast, highly inflamed, about four and a half inches in length, and one and a half inches in breadth, under this treatment, healed rapidly, and purulent secretion did not take place. The author proposes applying this method to a wound left by amputation of a thigh.---*Med. Times.*---*Medical News.*



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*Two Cases Uterine Hydatids.* By JNO. EVANS, M. D., of Attica, Indiana.

Uterine Hydatids seem to have attracted attention as early as the fifth century, as an allusion to them is found in the writings of Ætius; since which time numerous authors have successively given a more brief or extended description of the disease. But until Madam Boivin wrote, no full or systematic account was given of it. And since the publication of her memoir on the subject, in 1827, however erroneous some of her opinions may prove to be, authors seem to have contented themselves with her statements, and to have concluded that there is little else to do, than "to verify and strengthen her inferences." Even Prof. Gross, in his great work on Pathological Anatomy, has adopted, without dissent, her opinions.

As we are yet in the dark in reference to the cause, mode of development, and, to a great extent, the nature and proper treatment of the disease; the following cases are reported with a hope that they may add something to the amount of facts already gathered on the subject. They are interesting in their bearing on the subject of the origin of Hydatids, as it is a question of much forensic importance.

I am led to believe that Uterine Hydatids are much more common than the student of Dewees would suppose; as that veteran, in the course of a long life and a more extensive practice in Midwifery, than has fallen to the lot of any other American, found but a single case of the disease. I have had an account of several cases, falling under the observation of professional acquaintances, in addition to those here reported. And when we remember the amount of Obstetrical practice which is attended to by those who

are too ignorant, or too careless in their observations to notice a case of the kind; we may consistently conclude that many cases of Uterine Hydatids exists without being detected at all.

*Case 1st.*—Mrs. B., aged 25 years, of lymphatic temperament, light complexion and light hair; who had two healthy children, and enjoyed tolerable good health until the summer and fall of 1842, when she suffered from repeated attacks of intermittent fever; observed a gradual tumefaction of the abdomen, which led to the conclusion that she was pregnant.

At a period which she supposed to be the fifth or sixth month of gestation, she was seized with labor, and I was called to treat the threatened miscarriage. Before I arrived there had been expelled from the uterus a quantity of semi-transparent gelatinous fluid, which on cooling became more tenaceous, until it was of the consistency of the white of an egg, which was completely filled with hydatids of all intermediate sizes, between that of a grain of wheat and a hazel nut, and numbering many hundreds. I preserved for office inspection, a quart, which was about half the quantity discharged. There were no membranes observed.

The labor speedily subsided and was attended, at the time, with but little hæmorrhage or other unpleasant symptoms, and she was soon able to sit up most of her time, but did not entirely recover, owing to a torpid condition of the liver, an atonic condition of the stomach, and an occasional attack of the uterine hæmorrhage, which last, was generally arrested by a decoction of Ergot, or the use of sugar of lead and Dover's powder.

Cholagues, alteratives and tonics were used, as they seemed to be indicated for six months, without any permanent advantage, and the system gradually gave way. The attacks of uterine hæmorrhage became more frequent, more profuse and more difficult to control, until anemia and general anasaica were induced. This decline was attended with almost constant pain in the iliac region, and in the regio-pubis, without a corresponding tenderness, no doubt produced by the hydatids in the ovaries and uterus. Early in June, 1843, the flooding became profuse, and she sunk into a deep coma, with insensibility, the breathing became sterterous, and she died.

*Autopsy 20 hours after death.*—Brain presented a healthy appearance, except that, contrary to the apoplectic symptoms of which she died, it partook of the general anemia, a case in illustration of anemic apoplexy. The thoracic and abdominal viscera presented



nothing worthy of remark until the ovaries were examined, which were enlarged to the size of a quail's egg, and on being divided were found full of hydatids of various sizes. The frimbriated extremities of the Fallopian tubes were highly injected with blood, and of a bright florid color.

The uterus was slightly enlarged, but presented a normal appearance externally. Within its cavity, near the middle of the posterior wall, there was a regular tumor of the size of a peach-stone, from the centre of which a polypus of gelatinous variety, about the size of a pea, was suspended by a narrow foot-stalk. Upon dividing the tumor it was found to contain a number of small hydatids, with two or three bodies containing all the characteristics of the above described polypus. On making further division of the posterior parieties of the uterus, there were found embedded in the substance, four or five isolated hydatids, which, like those expelled by labor, those found in the ovaries, and those of the tumor, presented all the appearances of the genuine acephalocyst.

This is, perhaps, the first case reported of a polypus being attached to the side of the uterus. The hæmorrhage, which was the cause of the death was not attributable to the hydatids, but to polypus. The irritation produced by the hydatids may have caused a greater determination to the uterus, "*ubi irritatio ibi affluxit*," and this have increased the bleeding of polypus.

*Case 2nd.*—Mrs. B., æt. 55 years, of robust constitution, bilious temperament, dark complexion and dark hair; of German extraction and a native of Pennsylvania,—had raised a family of healthy children, the youngest of whom was twelve years old, when she observed a gradual tumefaction of the abdomen, which excited suspicion that she had become pregnant in her old age. At the usual age, she had undergone "the change of life," and for a number of years had no sign of the catamenial flux, during which period she had enjoyed good health.

On the 1st of August, 1841, I found her in moderate labor, with slight hæmorrhage. Prescribed a free use of acet. Plumbi and Pulv. Doveri, which arrested both.

August 2d. Labor returned; and when I arrived, she had been delivered of a mass of hydatids, in a jelly like substance of about the consistence of the coagulum of blood. I attempted to preserve a quantity, as a specimen, but did not succeed. For two days, small quantities of this matter were discharged at inter-

vals; there was but little flooding, and she speedily recovered.

About a year afterward, she informed me that she had enjoyed good health, and regularly menstruated since the hydatids were discharged.

We find Valesneri, Desormeaux, Mad. Boivin, Prof. Gross, and others, concurring in the opinion that uterine hydatids are always the product of impregnation, and are a degeneration of the placenta, ovum or membranes, while Percy saw fit to acquit "a young religieuse" of a charge of incontinence, by declaring, that "vesicular moles are merely hydatids." And the only case Dewees found, was in a widow lady, of good character, whose husband had been dead three years. But here we have one case in which hydatids are found in the texture of the uterus, forming a tumor within its cavity, while a copious crop were formed rapidly and discharged without any sign of ovum or membranes. And another occurring at an age which is almost always beyond the period of susceptibility to impregnation.

These cases are sufficiently strong in opposition to the theory of hydatids of the uterus being the result of impregnation, to justify a jury in leaning to the side of mercy. For although the impregnated ovum is sometimes the seat of hydatids, as Dr. Atlee's case, and many others clearly prove, that fact is not quite broad enough to justify the conclusion, that they are only found in connexion with it.

Attica, Ia., March 10, 1845.

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*Cases of Surgery.* By DANIEL BRAINARD, M. D., Prof. of Surgery in the Rush Medical College.

#### CASE I.

*Extirpation of Submaxillary Gland.*—B. T., of Ottawa, Ills., æt. about 38 years, consulted me in relation to a tumor of the lower jaw.

*Present state.*—On examination, I found a tumor extending from near the angle forward three inches on the jaw, upward to a level with the inferior molar teeth, and downward deeply into the neck, beneath the base of the jaw. With the finger in the mouth it could be felt involving the submaxillary gland. It was very hard and firm, except at the most projecting point, where it was elastic, and gave the sensation of fluctuation.



*History.*—The patient gave the following account of its development. Seven months since (in August, 1844,) he had a decayed tooth, upon the right side of the lower jaw, which was extracted; soon after which, a small tumor was perceived upon the outside, below the point of its situation. This, when perceived, was of the size of a bean, immoveable (he thinks), very firm and little painful. It continued to increase until it attained the size we have described; its progress not having been checked by the use of iodine, blisters, &c., which had been resorted to for that purpose.

*Treatment.*—In order to remove all doubt, a small puncture of exploration was made, at the fluctuating point, from which no pus, but only a small quantity of redish serum, was discharged. The removal of the tumor was then determined upon and performed, March 17th, 1845, with the assistance of Drs. Herrick and Blaney, of this city, Dr. Abbott, of La Salle co., and in presence of several students of medicine, in the following manner:

An incision was made of a semi-lunar form, commencing at the side of the chin, extending along the base of the jaw, and terminating in front of the ear. Two others were then made upon the side of the neck, in such a manner, as with the first, to circumscribe a triangular space, embracing the most projecting part of the tumor. These would have enabled us, if it had been found necessary, to remove a portion of the jaw. The dissection was then continued from the mucous membrane of the mouth, a task of some delicacy, from the side of the jaw to which the growth was adherent, but from which it could be separated. The dissection was then commenced below, and the profound attachments of the tumor were exposed. The *cornu.* of the *os hyoides*, the nerve of the ninth pair, the *milo-hyoid* muscle, the lingual branch of the fifth nerve, were successively brought into view, and, finally, its connections, which were intimate with the membrane of the mouth, at the side of the tongue, were separated and its removal thus completed. This dissection was extremely tedious, as well from the numerous arterial branches, among which were the facial and lingual branches of the carotid, requiring ligatures, as from the proximity of this latter vessel and the internal jugular vein, which it was desirable not to wound. At this stage of the operation, it was found that several lymphatic glands were diseased, whose intimate connections with the great vessels of the neck, rendered their removal a matter of considerable difficulty. This was at

length effected, however, by the aid of the handle of the scalpel. Considerable blood was lost, but the patient bore the operation well. Simple dressings were applied, and the cicatrization of the wound proceeding favorably, the patient was enabled, on the 26th March, to leave for home, under the charge of Dr. Abbott, his medical attendant.

*Examination of the Tumor.*—This was found, when laid open, to consist of a tissue evidently scirrhus, softened at the point where it had been punctured, involving the submaxillary and several lymphatic glands.

#### CASE II.

*Extirpation of an Encephaloid Tumor from the Neck.*—C. F. consulted me, April 7th, 1845, with a tumor situated upon the right side of the neck, a little below the angle of the jaw, upon the anterior margin of the *sterna-mastoid* muscle. It was of the size of a large hickory nut, very firm, adherent to the skin above and to the muscle beneath. The patient had first perceived it about five weeks previously, and its growth had been attended with slight pains. It was removed the same day; the operation presented nothing unusual, if we except a tendency to hæmorrhage, which rendered necessary the application of three ligatures, and compression, to suppress the oozing of blood over the whole surface. Nothing unfavorable occurred, and the patient was able to leave for Michigan on the 11th of April. On laying open the tumor, it was found to consist at the outside of a tissue like scirrhus, but at the centre contained a quantity of substance, of the size of a large bean, having all the characters of encephaloid tissue.

*Remarks.*—Both the above cases are illustrative of a fact not sufficiently known, namely: that cancerous tumors, in their development, are often unattended by pain of any kind; and the latter case is an example, somewhat rare, of the deposition of the cerebriform matter in the tumor of moderate size.

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### BIBLIOGRAPHICAL NOTICES.

*Bulletin of Medical Science*, Edited by JOHN BELL, M.D., &c., Nos. 1, 2, 3, Vol. 3. Philadelphia, Barrington & Haswell.

This is a monthly journal of 36 pages, 8vo., and from an examination of the numbers before us, we have formed a high opinion of its merits, finding it among the most interesting and valuable of our exchanges.



*Twenty-fourth Annual Report of the Bloomingdale Asylum for the Insane, for the Year 1844.* From PLINY EARLE, M.D., Physician to the Institution.

The subject of "Mental Maladies," and their treatment, is now occupying the attention of a large portion of the profession, and notwithstanding the great progress which has been made in relation to the pathology of these affections, every year adds something to our knowledge respecting them. The Bloomingdale Asylum ranks with the oldest in the country, and in all respects is well conducted. It is a branch of the New York Hospital, and has shared largely in the munificence of the state government.

We have not time, nor would it be altogether consistent with the object of this journal, to enter into a consideration of the various topics of interest presented in this Report, but we would call the attention of the medical profession to the importance of commencing one or more retreats, for the reception of the insane, in this State. Our sister State, Indiana, although not more favorably situated in a financial point of view than Illinois, has already taken this subject in hand, urged forwards by the efforts of Dr. Jno. Evans, of Attica, who is now at the east examining different establishments, with reference to planning one for that State. Here, too, the first impulse must come from physicians, and we know of nothing in which a more valuable service could be rendered to community, and a well deserved reputation established, than by devotion to this object.

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## PRACTICAL MEDICINE, &c.

*Contributions to Therapeutics.* By J. MOORE NELIGAN, M. D., Physician to Jervis-street Hospital, Lecturer on Materia Medica and Therapeutics in the Dublin School of Medicine, &c.

### ON THE EMPLOYMENT OF CONIUM IN PAINFUL DISEASES.

In the following communication it is my intention to offer a few practical observations on the anodyne and sedative powers of the common hemlock, and to illustrate its medicinal properties by relating a few cases in which its employment has been attended with much benefit. Although much employed and highly extolled by the ancients, hemlock had fallen into complete disuse in modern medicine, until the latter end of last century, when it was again introduced, and generally used, owing to the high terms in which it was spoken of by Baron Störk, who, in 1762, published an account of the physiological and therapeutical properties of this drug. Störk ascribed two distinct therapeutical properties to the preparations of hemlock; first, that of a powerful anodyne and

sedative, and second, that of a deobstruent and alterative, especially in the treatment of glandular or visceral enlargements, of scrofulous affections, of secondary syphilis, and of chronic cutaneous diseases. In the present day, but little faith is placed in the deobstruent virtues of the drug, and much difference of opinion exists even as to its anodyne properties, consequently it has again lost much of its reputation as a medicine, and is not nearly so much employed as it deserves to be.

Since the discovery of the active principle of the plant, this almost universal discredit of its medicinal powers has been very satisfactorily accounted for, as it has been distinctly proved, that the application of even a moderate degree of heat, when continued for any time, causes it to undergo decomposition, and therefore that the extract, (the preparation most generally employed) when prepared in accordance with the directions of the Dublin and London Pharmacopœias, is for the most part, inert, or nearly so; that this is the case I have repeatedly satisfied myself, by applying the potash test to various samples of the extract of our Pharmacopœa, obtained at the best shops. The potash test is of so simple a character, so easy in its application, and so certain in its results, that we should never omit its employment before commencing the use of any of the preparations of hemlock. It consists merely in triturating in a mortar the preparation we wish to test with a small quantity of strong caustic potash, when the peculiar odor of the active principle, *conia*, is in a few moments emitted; care, however must be taken, not to confound this odor with that of the plant itself, from which it differs most remarkably, the latter bearing a singular resemblance to the smell of mice, while that of *conia* is a peculiar, penetrating, very disagreeable, somewhat alkaline odor, an acquaintance with which may be easily acquired by applying the test to the fresh green leaves, or to the recently gathered ripe fruit.

In commencing, then, any new investigation into the medicinal action and uses of hemlock, it becomes of much importance to take especial care that the preparations of the drug which we administer, should have their energy unimpaired, and the peculiar properties which exist in the recent plant as little changed as possible. The preparation which I employed in the following cases, and which I have been in the habit of prescribing for the last two years, under the name of *Succus Conii*, is simply prepared as follows: Take of fresh hemlock leaves any quantity, express the juice in a tincture press, set it aside for forty-eight hours, pour off the clear, supernatant liquor, from the fecula and chlorophylle which it has deposited, and lastly, add to it a fifth part, by measure, of rectified spirit. This preparation I have found to keep well for two years, and its uniform strength, as well as the facility with which we can increase or diminish the dose we are administering, gives it a decided advantage over either the extract or powder of the fruit or leaves. The best time for gathering the leaves



is when the plant is in full flower, and previous to submitting them to expression the stalks should be carefully picked out and rejected, the leafy part alone being used. As in many instances it is often of great advantage to possess an active preparation of a remedy in a solid state, I have tried many ways of preparing an extract of hemlock, which would retain unimpaired the medicinal powers of the plant, and the best I find is to be obtained by submitting the expressed juice, prepared as above to spontaneous evaporation; but even this extract, no matter how well and carefully preserved, soon loses all traces of *conia*.

Hemlock, when administered in medicinal doses to an individual laboring under disease, appears to me to produce its beneficial effects by allaying nervous excitability, and diminishing muscular pain; under its use also, both the force and frequency of the heart's action are lowered, but in no instances have I seen the least tendency to drowsiness or sleep. This is quite consonant with the account given by Christison of the action of hemlock when its poisonous effects are produced; "that it does not excite convulsive spasms or bring on insensibility, but that it exhausts the nervous energy of the spinal chord and voluntary muscles, occasioning merely convulsive tremors and slight twitches, and eventually, general paralysis of the muscles, and consequent stoppage of the breathing." The active principle, *conia*, according to the same able authority, produces a similar remarkable action on the spinal chord, "a few drops killing a small animal, such as a rabbit, cat, or puppy, in a few minutes, causing general paralysis, slight convulsive tremors, and death from the suspension of the breathing, without any alteration in the appearance of the blood." Such being the effects of hemlock, and its alkaloid, when given in poisonous doses, it can be readily understood that when administered as a medicine it will produce no very apparent physiological action, and that, in producing beneficial results, it appears to act insensibly on the system. The only manifest effect which I have seen it produce is where its use has been persevered in for some time, or the doses rapidly increased, when the patient generally complains of a disagreeable sensation of dryness of the throat, with a feeling of constriction and difficulty of swallowing, amounting to actual pain, and which always compels us either to suspend the use of the medicine altogether for a few days, or greatly to diminish the dose in which it has been given.

The diseases in which I have administered hemlock with decided advantage are rheumatic affections, both subacute and chronic, particularly when attended with severe pain, neuralgia, and senile gangrene. And although I have employed it very extensively, both in hospital and private practice in those diseases, I have met with but very few instances in which this remedy failed to afford relief: nevertheless, some cases occasionally occur, in which, as is the case with most other medicines, it does not appear to produce the least benefit.—*Dublin Jour. in Med. Examiner*.

## OBSTETRICS AND DISEASES OF FEMALES.

*On Detaching the Placenta in cases of Placenta Prævia.* By Dr. RADFORD, M. D.—Since my observation on galvanism in uterine hæmorrhage, published in the *Provincial Medical and Surgical Journal*, I have had letters from many gentlemen, inquiring whether I confirmed the practice of detaching the placenta in cases of placenta prævia to those of exhaustion alone. In order, then, to supersede the necessity of writing to each correspondent, I make the reply through the same channel. In my paper I stated that I had detached the placenta in a case which occurred in 1819, but did not then state that it was unattended by exhaustion. From this and other cases then alluded to, I conclude, that on a complete separation of the placenta, the hæmorrhage is immediately and completely suppressed, provided the uterus is in a condition to so far contract, as to force down the head with the placenta upon the uterine openings. By this practice it may be said that the life of the child is sacrificed: but this will not always happen. We find from hospital and individual reports, that the child is usually dead when the case has been treated by the present recognized means.

In nearly all the cases which I have collected and referred to in my paper, of expulsion of the placenta by the natural efforts, we find that the mother recovered; and when this fortunate event did not happen, it depended upon the serious impression made upon the vital powers before the placenta was completely detached.

It may also be stated that uterine phlebitis takes place more frequently in cases of placenta prævia, when the ordinary practice is adopted, than we observe in the same number of cases of accidental hæmorrhage. This result, in the opinion of the writer, arises from the contusion and slight lacerations which are consequent upon a forced delivery.

From the above statement, I consider I am justified in recommending a modified practice; but I shall not enter fully into the details of the plan, as this brief communication will not allow of it.

First. Then, as neither delivery, nor detaching the placenta, ought ever to be attempted until the cervix and os uteri will safely allow of the introduction of the hand, rest, the application of cold, but, above all, the use of the plug, must never be omitted in cases where they are respectively required.

Secondly. If there are unequivocal signs of the child's death, the placenta is to be completely detached, and the membranes are to be ruptured. The case is then to be left to the natural efforts, provided there be sufficient uterine energy; if otherwise, the ordinary means are to be used, and, in addition, galvanism.

Thirdly. When the narrow pelvis exists in connection with placenta prævia, the practice is to detach the placenta and to remove it, then to perforate the head as soon as the condition of the parts allows, and to extract it by means of the crotchet.



Fourthly. When the os uteri is partially dilated, and dilatable so as to admit of the easy introduction of the hand, when the membranes are ruptured, and strong uterine contraction exists, the practice is to detach the placenta completely.

Fifthly. In all cases of exhaustion, as already referred to in my paper, the practice is to draw off the liquor amnii, by perforating the placenta, as then recommended, then to detach completely this organ, and apply galvanism.

Sixthly. In all cases of partial presentation of the placenta, the artificial rupture of the membranes will generally be found sufficient to arrest the hæmorrhage, but if that should prove ineffectual, then we must apply galvanism.

The practice of removing and detaching the placenta was adopted by some of the older writers; and as I have mentioned in my paper "On galvanism applied to the treatment of uterine hæmorrhage," I detached this organ in the year 1819, although it was not my custom to do so.

Early in October, I received a letter from my respected friend, Professor Simpson, in which he stated he removed the placenta in a case of unavoidable hæmorrhage. He "had the placenta on a plate two hours before the baby was born." The mother recovered. Dr. Simpson has collected a great number of cases of expulsion of the placenta before the child, and has come to the conclusion, that the practice of its removal, in some cases of placenta prævia, is calculated to save the parent's life.

I am glad to have my views on this most important subject corroborated by an authority so deservedly esteemed as Dr. Simpson, to whom I am disposed to award every degree of merit which really belongs to him, as having by observation and research accumulated materials to bring him to the same conclusion at which I arrived myself. Although I feel thus gratified in having the authority of Dr. Simpson in support of this practice, I must confess that it is to be the late Mr. Kinder Wood, who for many years was an active and deservedly respected colleague of mine at the Lying-in Hospital, that the merit (if there be any) is due for first, as a modern obstetrician adopting this practice, and also recommending it in his lectures. The practice I allude to, is that of detaching and removing the placenta in cases of unavoidable hæmorrhage, attended with exhaustion. In the foregoing observations I have ventured to recommend this practice as applicable to cases in which there exist different conditions, convinced that there are many mothers sacrificed by the rash manœuvres consequent on a forced and indiscriminate delivery.—*Provin. Med. and Surg. Jour. in N. Y. Jour of Med.*

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of instruction at Metz, has a long paper in the *Archiv. Gén. de Méd.*, September, 1844, on the relative operation of Peruvian bark, and its chief alkaloid in various diseases. There is no novelty, assuredly, in his telling us that the bark is a powerful tonic and a good febrifuge; but when he adds, that quinia and its salts are eminently febrifuge but not tonic, or if so, in a very limited degree, his views will sound odd to many who have not analyzed the phenomena of fevers, and noted the effects of different classes of medicines on these diseases, carefully separating what is really tonic in their operation, from that which is sedative. In the cinchonic bark there are, as M. Jacquot points out, but not for the first time, two elements, the tonic, and the modifier of the nervous system. The latter is quinia, while the former is made up of the union of several principles, but especially by the cinchonic bitter of Reuss, who regarded this substance as the active principle.

The most accredited succedanea for cinchona, regarded as a febrifuge, are tonics and sedatives. Of the former, the list is very large, and includes chalybeates, various vegetable bitters, and astringents, to which may be added substantial nourishment. The operation of this class, as febrifuges, is slow and gradual; but on account of this slowness of effects, they cannot be relied on to cut short fevers at once, as quinia does. They are adapted to debility, anemia, and other sequelæ of protracted fever. They complete what quinia had begun. To this latter we have recourse in all paroxysmal attacks with recurrence, in nervous complications, as in congestive fevers or pernicious intermittents, and in plethoric states in which a tonic is not demanded. Cinchona fulfils, therefore, other indications than quinia, being both a specific febrifuge in consequence of this latter principle, and a general tonic owing to its bitter, and most probably other principles. This opinion, which might be inferred from the chemical composition of the Peruvian bark, independently or in advance of clinical trials, is probably the true one, but which, of late years, seems to be forgotten or neglected in the treatment of our periodical fevers.

M. Jacquot declares his belief that quinia is a sedative of the nervous system; and probably of the sanguiferous system also. In support of this view he refers to the most approved substitutes for quinia, independently of the tonic class, such as various narcotics, the combinations of cyanid acid with different bases, and such sedatives as tartar emetic, &c.; and next, he directs attention to the physiological effects of quinia in large doses, as being sedative, and to the practitioners who daily employ quinia as a medicine of this nature.

We may be supposed to accord our assent to these views of M. Jacquot, as we have for some years past entertained and publicly expressed similar ones. In one of our lectures on *congestive fever*, in the first edition of Stokes and Bell's Lectures, (1840) we used the following language: "You will give the quinia with more



freedom when you give it as a sedative, or a means at any rate, if this term sounds exceptionable, of removing entirely the irritation which originated and kept up the paroxysm." "The operation of quinine is not antagonistic to that of blood-letting, nor is it congenial with inflammation." In speaking of dose we remarked: "If we are desirous of making an impression at all decided on the nervous system, and through its sedation of allaying the febrile disturbance of the functions generally, five grains of the sulphate of quinine is the smallest dose which we should think of prescribing for an adult whose idiosyncrasy is not such as to forbid the use of the medicine beyond minute doses."

Since this opinion was advanced in favor of the sedative operation of quinia, farther reflection and observation strengthen our convictions of its accuracy; and some European writers and practitioners are now, like M. Jacquot, distinctly advocating the same view.

In typhoid fever M. Jacquot thinks favorably of quinia; not as a means of arresting the disease, but destroying its diurnal paroxysms, and other epiphenomena which give it an ataxic character, and the removal of which simplifies it to a great extent.—*Bulletin of Medical Science*.

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*Galvanism applied to the Treatment of Uterine Hemorrhage, &c.*—Dr. Radford says that he has pursued this practice with great success, in cases of hæmorrhage, accidental or unavoidable, accompanied by exhaustion, and occurring before, during, or after labor. He adds—

"I am satisfied, from positive trial of the remedy, that it will be found a most important agent in tedious labor, depending upon want of power in the uterus, and where no mechanical obstacle exists. I would also suggest the probability of its proving valuable in originating uterine action *de novo*, in cases where it may be considered necessary to induce premature labor. It seems to me also to be worthy of trial in certain cases of menorrhagia in the ungravid state, where, on vaginal examination, the uterus is found to be atonic, as evidenced by its large flaccid condition, and the patulous state of the os uteri."

The remedy is thus applied:—

"The brass ball of the vaginal conductor is to be passed up to the os uteri, and moved about, at intervals, on to various parts of this organ; and, at the same time, the other conductor must be applied to the abdominal parietes over the fundus uteri. Shocks may be also passed transversely through the uterus, by simultaneously applying the conductor on each side of the belly.

"The application should be used at intervals, so as to approximate in its effects as nearly as possible, to the natural pains. It may be continued until it meets the exigencies of the case."—*Lancet*, in *Bulletin of Med. Science*.

*On the Spontaneous Expulsion and Artificial Extraction of the Placenta before the Child, in Placental Presentations.*—Professor Simpson read to the Medico-Chirurgical Society of Edinburgh, Dec. 4th, 1844, a paper on the expulsion and extraction of the placenta before the child, in cases of unavoidable hemorrhage. He showed, that in common cases of presentation of the placenta, when managed according to the rules generally followed under the circumstances, the mortality among mothers was very great. Out of 174 cases, tabulated from different authors, by Dr. Churchill, this complication had proved fatal to 48 mothers; and a more extensive table of 339, drawn up by Dr. S. himself, presented a mortality of 115 mothers:—or, one out of every three died.

In contrast with these statistics, Dr. S. brought forward a number of cases, (some previously recorded, and others collected from private sources,) in which the placenta had come away before the infant, either expelled by the natural efforts alone, or in consequence, in several instances, of the reputed bad management of the accoucheur. The number of cases collected was 120 in all. Out of these only eight mothers died, or one in fifteen. In two of these, the cause of death was not stated by the reporter; in three, the patient perished from puerperal fever; and two only were alleged to have died from hemorrhage. In one of these two last cases, the hemorrhage ceased as soon as the placenta was separated, but too late to save the woman.

The same cases also show that, though much blood may have been escaping *before* the placenta comes away, yet as soon as the separation is *complete*, the hemorrhage usually ceases, or becomes very trifling. A complete separation of the placenta is thus proved to be far less dangerous than a partial one,—a fact that at first may appear somewhat paradoxical, but which is readily explained by the construction of the foetal placenta. The hemorrhage comes chiefly from the placenta itself. When it is only partially separated from the uterus, the blood enters freely by the adherent portions, and escapes as freely from the surface of the portion of placenta that is detached.

From a consideration of these facts, Dr. S. was led, four years ago, to propose to the obstetrical society, whether in cases of hemorrhage from placental presentations, we should not sometimes adopt the practice of extracting the placenta, in order to arrest unavoidable hemorrhage, leaving the foetus to be expelled by the natural efforts of the uterus, or otherwise. Dr. S. stated he had adopted this procedure, in one case, with perfect success, the placenta having been extracted two hours before the birth of the child. This method, he thought, would be found particularly applicable to those sets of cases in which turning or rupture of the membrane is inexpedient or impracticable; as, in cases where hemorrhage occurs to an alarming extent, while the os uteri is still small and rigid; in unavoidable hemorrhage in first labors; in placental presentations, when the patient's strength is already



so sunk, from the flooding, as not to allow, without danger, of immediate turning or forcing delivery; in cases where the child is known to be dead, &c., &c.

At the subsequent meeting of the Society, (Jan. 8, 1845,) Dr. S. asserted his claims to have originated the plan of treatment described above, and stated that it had been discussed yearly ever since he was elected to the Chair of Midwifery in the University, —was well known to most of his obstetric brethren in Edinburgh, —and had been, in 1841, formally brought by him before the Obstetric Society. He was sorry to be obliged to state these points in his own behalf on such a subject, but he had been advised that silence upon the matter would be highly unjust, both as regarded himself, and as regarded the Society.—*Lond. & Edin. Month. Jour. Med. Sci.*

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*Influence of shortness of the Umbilical Cord on Labor.*---MM. Capuron and Danyau read to the French Academy of Medicine a report on a memoir presented by M. Hirtz, of Strasbourg, on this subject. M. Hirtz believes, along with many old and modern accoucheurs, that shortness of the cord, either natural or secondary, (when it is rolled around the neck of the fœtus,) is a cause of difficult labor, and warrants, indeed necessitates, the use of the forceps, as soon as possible after it has been recognized. It may, he says, be recognized by the following symptoms: The alternating descent and ascent of the head in the vagina, occasioned by the uterus dragging up the fœtus, when it ascends after being pressed downwards by the contraction of the abdominal muscles; local pain experienced in that part of the uterus to which the placenta is attached, and caused by the dragging of the cord. The reporters, in contradiction to M. Hirtz, do not appear to admit that shortness of the cord is an impediment to labor, and deny entirely the value of the symptoms given by M. Hirtz, which may be said to sum up those of former writers. They think that the ascent of the fœtal head in the interval of uterine contraction is the result of the elasticity of the bones of the head, and of the parts which cover the parietes of the maternal pelvis. Moreover, the uterus, being in a state of relaxation, cannot exercise any traction on the fœtus. Even in cases in which the head of the fœtus appears to traverse nearly the entire length of the vagina, in its alternate descent and ascent, they think that the circumstance is to be attributed merely to the above causes, viz: the elasticity of the head and parietes of the pelvis. As to the local uterine pain, it is often observed even in the most natural labors, and is, consequently, of little or no value. They do not find, either, that the adoption of these views has influenced the practice of M. Hirtz. In the cases which he narrates, the patients being primiparous, the head remaining much longer than usual in the cavity of the pelvis, and there being local uterine pain, M. Hirtz applied the forceps. Finding the cord twisted round the neck of the fœtus, he conclu-

ded that this was the cause of the tardy delivery. Such an opinion, although legitimate, is not conclusive, as it is merely founded on the coincidence of a tedious labor in a primiparous woman, with twisting of the cord round the foetal neck. The application of the forceps was indicated in such a case without reference to shortness of the cord.---*Lancet*, Jan. 4, '45, in *Am. Jour. of Méd. Sci.*

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*Method of Ascertaining before Accouchement whether the Mother will have sufficient Milk.*—"Donné brings forward the following propositions with the greatest confidence in their truth, and after having tested them by a very considerable experience.

"Pregnant women, considered in the relation of the secretion of colostrum, during the last months of gestation, may be distributed into three classes:—

"1st. Those in whom this secretion is, so to say, absent, and from whom it is impossible to obtain, by a regulated pressure, more than a drop, or half a drop of a liquid presenting to the microscope some few milky globules, with granular bodies swimming in a troubled or viscid liquid.

"2d. Those in whom the secretion is more abundant, and from whom there can be drawn with facility a fourth or half-glass of colostrum, offering the following characters to the microscope: milky globules few, and of a middle size, or numerous and very small; these globules, sometimes badly formed, swim in a liquid of little density; they are mixed with a certain number of granular bodies, and sometimes we find at the same time mucous globules.

"3d. The third class comprehends those women in whom the secretion of the mammary gland is not only abundant, but in whom it is also rich in globules of a good size, being, for the most part, 1-100th to 1-30th of a millimetre, in diameter; they are well-formed, and nearly as regular as in perfect milk; it presents, likewise, the oily drops, granular bodies, &c., of the colostrum.

"Now, if the first kind of colostrum exist before birth, you may be sure that the milk subsequently will be serous, poor, and insufficient for the nourishment of the child. In the second category, also, the milk, after accouchement, may be very abundant, but it will be poor and serous. The third kind of colostrum, however, indicates always a milk equally rich and abundant.—*Dublin Journal in Bulletin of Medical Science.*

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ERRATA.—In the Case of Encephaloid Tumor in our last, for "contract" read "central," for "alternatives" read "alteratives," and instead of "the secretions as far as possible, were regulated internally and externally," read "Internally and externally, iodine," &c.—ED.



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*Cases of Surgery.* By DANIEL BRAINARD, M. D., Prof. of Surgery in the Rush Medical College.

CASE 1. *Strangulated Hernia. Operation. Recovery.*—May 28, 1845, I was called at 1 o'clock, A. M., to visit J. M. Q., aged about 35 years, laboring under a strangulated inguinal hernia of the left side. He gave the following history of the case:—For several years back he had been affected with reducible inguinal herniæ of both sides, for which he had worn a double truss; occasionally one or the other would slip down, but could be easily replaced. The evening previously, however, it came down on the left side and could not as usual be replaced, which he attributed to the state of obstinate costiveness in which his bowels had remained for several days. On seeing him I found him affected with great pain, retching, tenderness about the tumor, which was about 3 inches long by 2 broad. I immediately made attempts to reduce it by the *taxis*, but not succeeding administered small doses of Ant. Tart. and bled him copiously, until most perfect and prolonged syncope and prostration were induced; when placing his hips in an elevated position, flexing the thighs and relaxing the abdominal muscles, I made a persevering effort at reduction, but without success. Directing cold applications to be made to the tumor, and attempts to be made to procure discharges by stool, I then left him until morning, when I visited him in company with Drs. Kimberley, Brinckerhoff and Dyer. The patient was still in the same state; and after some additional but unsuccessful efforts at the *taxis*, I proceeded to the performance of the operation 14 hours after the occurrence of the accident. The patient having been long

affected with varicocele, the tumor was covered with an unusual plexus of enlarged veins. On laying open the sac, a knuckle of small intestine was seen at the upper part, while the principal portion was formed of omentum. On slightly enlarging the external ring, where there was some stricture, and pressing the finger to the internal ring, a still greater constriction was found at this latter, on the division of which the intestine was easily replaced. The omentum, however, was extensively adherent to the sac, and required considerable dissection to separate it. At length this was effected, and the entire contents reduced. Stitches and adhesive straps were applied, and a large part of the wound healed by the first intention. Purges and *lavements* were administered, and in a few hours copious stools were procured, all pain and irritation subsided—and at present, June 3, he is convalescent.

*Remarks.*—There are two points worthy of being particularly attended to in reference to this case. The first is, the safety and success of the operation when seasonably performed—an observation which has been often made, but which cannot be too often repeated. The second is in relation to the seat of the stricture, a point which has been of late much agitated, without however being settled. In the present case, it was evident that the greatest degree of constriction existed at the internal ring.

CASE II. *Spontaneous Gangrene of the Thumb. Amputation. Recovery.*—Mrs. L., æt. 50 years, presented herself, May 30, 1845, having a necrosis of the bone of the extreme phalanx of the thumb of the right hand. The following was her account of the case:—Six weeks previously she had been attacked with pain in the end of the thumb, and of the fore and middle fingers, which increased until a small brown spot appeared upon the end of the thumb; this enlarged until it occupied the whole extremity of it, when it became circumscribed, and separated, leaving the extremity of the bone exposed and necrosed. On examination the necrosis was found to extend to the whole bone. Amputation at the articulation was performed, and in a week the patient returned home, the wound having healed by the first intention.

No cause of the gangrene could, on enquiry, be discovered.



As no treatment was employed to arrest its progress, it seems to have appeared and ceased spontaneously.

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St. Louis, May 10, 1845.

D. BRAINARD, M.D.,

Dear Sir,—I arrived here yesterday morning, having been detained some time at Peoria, waiting the departure of a steamboat. Upon the steamboat in which I left Peoria for this city, I was pleased to find, as a fellow passenger, Dr. Henry, of Bloomington, Ills., whose letter on Epidemic Erysipelas, you will remember, was copied into a number of our last vol. I found Dr. H., as I had anticipated from his reputation, a gentlemen in manners and a scholar in acquirement. At the various points of stoppage on the Illinois river, whenever the detention of our boat for the receipt or delivery of freight or passengers permitted, Dr. H. and I embraced the opportunity of extending our acquaintance among the medical practitioners. I was much pleased to observe the high tone of the profession, and the number of medical gentlemen, evidently of excellent early education; and, from their still continuing, as far as the duties of their practice will permit, to be *reading* men, of much intelligence and acquirement.

The town of Pekin was of particular interest, as the point at which the Epidemic Erysipelas raged with most violence, some time since. From the account of the physicians of the place, it would appear, that one in every nine persons of the whole population was attacked, and that a large majority of the cases were fatal. Puerperal women and young children were peculiarly subject to attack, and among them principally the mortality existed. At this place I had the pleasure of making the acquaintance of Dr. Henry, who has lately removed from Springfield. The Dr. has promised me a paper on the Treatment of "Congestive Fever." The principal point of novelty in the mode of treatment which he professes to have originated, is the use of unusually large doses of opium.

The Epidemic Erysipelas has not yet entirely disappeared on the Illinois. Dr. Bond of Meredosia, Morgan Co., informed me that he had cases under treatment at the time of our interview.

*Medical Schools and Journals in St. Louis.*—I called yesterday upon several of the Professors in the Medical Schools. The classes in the two rival institutions—the St. Louis University and the Kemper College—were about equal in number. This was a gain on the part of the University over its classes of previous years, and rather a decline in the usual class of Kemper College. The riot which occurred last year, and which resulted in the destruction of part of the museum of the University, does not seem to have affected that institution more than its rival. The decline in the class of Kemper College is attributed, by its faculty, to the unfortunate introduction of Erysipelas into the class of '43 and '44, by contagion, in the anatomical rooms, from subjects which had died of that disease. I had but the time and opportunity to view the buildings externally. The new building of the University presents really a beautiful front, and from a description which has been given me of the internal arrangements, I should judge that it was remarkably convenient for professors and pupils, and admirably adapted to the purpose for which it was erected.

There are now published in St. Louis two Medical Journals. One, which I had not before seen or heard of, I saw upon the table of a medical gentleman. It has recently been issued, and is the organ of the Kemper College. As I did not obtain a number, and had not the honor of making the acquaintance of its editor, I can say but little of it. It will probably be received by you in exchange before this letter arrives. The other, the St. Louis Medical and Surgical Journal, has reached its third volume. It is much enlarged and improved. Dr. Wm. McPheters is associated as editor with Dr. Linton, the former editor. The combined industry and talent of these two gentlemen, will doubtless, make it all that a medical journal should be. It professes not to support the exclusive interests of either medical school, but to be devoted solely to the claims of the profession at large.

As I leave to-morrow, I will not have time to visit the Hospital. I will write again from Cincinnati, if my stay in that city will permit. Until then, I remain

Yours truly,

J. V. Z. BLANEY.



## BIBLIOGRAPHICAL NOTICES.

*The Principles of Surgery.* By JOHN MILLER, Professor of Surgery in the University of Edinburgh, &c., &c. Philadelphia: Lee & Blanchard, 1845, p. 524. (From the Publishers.)

This work has been republished in this country without the usual "notes and additions," and heralded simply by a very modest preface, in which the Author states, that it is "intended to exhibit a condensed view of the Principles of the Healing Art," and that the pages "contain the substance of the Author's Lectures on this subject." It may not be known to many of our readers that he is the successor of Sir Charles Bell, and from the examination we have been able to give the work, as well from the reception it has met with, it goes far to show that the station of that celebrated man has not been filled by an unworthy successor. The work is essentially one of *principles*, clear and concise, embracing an excellent view of the science in its present state, but conservative in its character, and does not favor many of the theories and operations which have been more or less in vogue in many countries, for several years past.

The name of the publishing house is a sufficient guarantee for the execution of the work. Instead of giving an analysis of its contents, we present our readers with the following observations on Neuralgia of Joints. p. 305

*Neuralgia of Joints.*—Affections of joints, dependent on inflammatory action and the structural changes thereby induced, are the most frequent in occurrence. We are, however, not without examples of local irritation, in which perverted vascular action is almost wholly in abeyance. The prominent characteristic is pain, unaccompanied by swelling, or other indication of structural change. The affection may be either primary, constituting a disease per se; or it may be secondary, merely a symptom of an earlier and more grave disorder. In the knee, for example, we may have nervous pain, either as a symptom of morbus coxarius, or a truly neuralgic affection of that part, independent of disease elsewhere—although, indeed, the last observation must be made with some reservation, inasmuch as there are found but few cases of neuralgia, in that or any other joint, which are not more or less connected with a perverted state, as to structure, function, or both, in some of the internal organs.

Neuralgic affection of the joints is characterized by a class of symptoms sufficiently distinct; a circumstance of much importance, inasmuch as the appropriate treatment is very different from that which is demanded for structural change. The pain has the ordinary character of the nervous; remittent, intermittent, not slowly and steadily increasing, not

constant, not increased by pressure, and not limited to one part, but diffused over the whole of a wide extent of surface. The patient's mind may be diverted from the uneasiness, by conversation, or otherwise engaging the attention; and while the mind is so occupied, the pain is really absent. There is no swelling; at least if there be, it is but trivial in all respects; a mere puffiness, by œdema of the surface; not at all resembling what follows inflammatory action in any part of the textures of the joint. Motion is well borne; and so is manipulation, even rude; the uneasy sensations are not increased by either. The joint itself may be jarred, pressed, jerked with impunity; whereas much complaint may follow a pinching of the super-imposed integument; that texture sometimes seeming to be of greatly increased sensibility. There is no flexion of the joint, as in serious structural change; on the contrary, the limb will most frequently be found extended. The spasms too are wanting, which so frequently attend and invariably aggravate acute vascular disease. The patient is obviously out of health; and labours under irritation, general as well as local; but the system is uninvolved in either inflammatory or hectic fever.

This affection more frequently occurs in females than in males. And usually the symptoms will be found at least connected, if not caused, by disorder of an internal organ; hysteria; dyspepsia; irritation of the bowels, by worms, or by lodgment of other noxious matter. In children, some affections of the joints, apparently neuralgic, would seem to depend on the irritation of dentition.

The *treatment* of neuralgic joints is mainly directed towards the general system; restoring normal functions to the uterus, stomach and intestines, as the circumstances of the case may require. The local applications need be but simple. The serious treatment for structural change would here be not only unnecessary, but certain to prove injurious. The endermoid use of nitrate of silver, so as merely to blacken the surface, is on the whole the preferable application; it not only is really efficient towards the mitigation of the neuralgy, but also, having an imposing character in the eyes of the patient, is useful by satisfying the mental anxiety, which always attends, and sometimes is not the least prominent of the symptoms. Medicated friction or fomentation may also prove of service in a similar manner. But every stimulus; at all powerful, should be either abstained from, or most cautiously used; inasmuch as the morbid condition of the nervous system of the part may here as elsewhere, prove but a stepping-stone towards the accession of inflammatory action, entailing serious structural change.

The vital importance of a careful diagnosis need not be insisted on. Lest, on the one hand, we treat with unwar-



rantable severity a comparatively trifling disorder; and on the other hand, lest we commit the greater error, of supposing a really formidable change of structure in bone, cartilage, or synovial membrane, to be but a nervous affection, and discover not our error until loss of texture and function has become not only great but wholly irremediable.

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*The Missouri Medical and Surgical Journal.* May, 1845. Vol. I; No. 1. (In exchange.)

This is the first number of a new journal, monthly, of 24 pages, recently started at St. Louis, and is the second of the kind published in that city. It is not however to be supposed, from this circumstance, that the first has been so successful as to induce others to commence a new one for the profits. The first, the St. Louis Medical and Surgical Journal, was issued under the auspices of those connected with the medical department of the St. Louis University, and this has been commenced in the interest of that branch of Kemper College. Whether the spirit of rivalry will be sufficiently active to long support two journals, remains to be seen. The number before us is handsomely executed, and contains a well written article on the Uses of Iodine, by T. BARBOUR, M. D., besides other original and selected matter.

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### PRACTICAL MEDICINE, &c.

*Dr. Buck on the Use and Abuse of Medicine.*—M. Trousseau (now professor of Materia Medica in the Medical School of Paris,) in a work entitled “A Treatise on Therapeutics and Materia Medica,” says, in vol. II, page 217: “We saw, at the Hospital of Tours, a young nun (*une jeune religieuse*) remain insane (*folle*) during one day, in consequence of having taken, at one time, 24 grains of sulph. quinine. One day, by our advice, a tailor of the 2d Reg’t. of Carbineers, took, at at one time, 48 grains of sulph. of quinine, for the relief of asthma, which returned every day at a fixed hour. Four hours after taking the medicine, he experienced noise in the ears, dulness of the senses (*étourdissement*), vertigo and horrible vomiting. We saw him seven hours after the administration of the quinine; he was blind and deaf, his mind wandered, and he could not walk, so great was the vertigo he experienced; at each moment he vomited floods (*flots*) of bile; in a word, he was under the influence of quinine intoxication. These accidents, for which we did not prescribe any active medicine, yielded spontaneously in the course of the night. When, instead of giving a dose as large as that which had been taken by this patient, we gave a smaller one of 15, 20 and 25 grains in the day, we do not avoid all the accidents:

a dulness of hearing was the one especially of which the greater part of the patients complained ; it seems to them that they hear at a distance," &c.

At page 218, he says : " Daily observation, says Brittoneau, proves that bark, given in large doses, produces, in many persons, a very well remarked febrile movement." \* \* \* \*

" Most frequently tinnitus aurium, deafness and a kind of drunkenness precede the invasion of this fever." " Sulphate of quinine often produces diarrhœa. Applied locally, by the endermic method, it irritates, produces considerable local pain, and there are manifested undoubted signs of inflammation,"\* &c. &c.

At the opening of the Faculty of Medicine of Paris on the 15th Dec., 1842, a letter was received from Dr. Rognetta, an Italian oculist in Paris, claiming the priority in the use of quinine in rheumatism, for Rasori. He says : " In a series of experiments lately introduced by Dr. Giacomini, he found that the solution of the sulphate of quinine, administered in large doses, determined a general hyposthenic intoxication, which was only dissipated by the use of mercury, opium, canella," &c. Dr. Rognetta thinks, with the Italian physicians, " that the limits of tolerance should not be exceeded, and that beyond this, a species of poisoning may be induced, known by deafness, blindness, hallucinations, hæmaturia," &c.

The same letter, addressed to the Editor of the Examiner, says, " five accidents have lately resulted from this practice, of which two have terminated fatally. Two of these occurred at the hospital Cochin, and one at La Charité. One patient died immediately after swallowing a single dose of seventy-six and a half grains of the salt. At the Hospital Cochin, a woman laboring under chronic rheumatism, or a disease so called, succumbed soon after the administration of a large dose of the quinine. A young girl, after the use of the same medicine, became affected with amaurosis, which has already existed for three weeks, in spite of the most appropriate and energetic treatment. The patient at La Charité experienced, at first, pain in the head, then tinnitus and general agitation, and finally violent delirium terminating in coma. From this condition she recovered only by the employment of the most active and violent remedies, and after all hope of safety had been abandoned. Except some grave complication occurs with its ordinary termination, acute rheumatism, we all know, is rarely fatal. When death occurs, it is from a phlegmasia of serous or fibro-serous tissue, and more particularly those of the heart. How, then, does it happen, that just at the moment these huge doses of sulphate of quinine become fashiona-

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\* For this French authority and some others, I am indebted to my friend Dr. Johnston, whose scientific attainments, professional ardor and punctuality, have been highly serviceable to the Medical Department of the National Institute.



ble, acute rheumatism should become so fatal a disease? Is it a singular and inflexible coincidence? What are the symptoms which precede death in these cases? The usual ones which follow the exhibition of over-doses of this medicine, and none other. Is not a demand for future observations a demand for fresh victims? Are there not simpler and surer means of discovering the cause of this extraordinary mortality? Should not humanity and reason dictate that we should suspend this new treatment, and then see if mortality persists," &c.

In a discussion which followed the reading of a paper on quinine, M. Piorry stated, "that in typhus fever, with engorgement of the spleen, he had seen quinine prove serviceable, which had not been the case when the fever was unaccompanied by splenic lesion." "M. Martin Solon, who had employed the remedy under the personal inspection of Sig. Broqua at the Hospital Beaujon, admitted that in cases in which the fever assumed a remittent type, quinine was useful, but the remittent typhus was rare—at least in Paris. Of five severe cases of typhus fever in which quinine had been given, death had resulted in three instances; and in the two others recovery had only taken place after a considerable lapse of time, and without any evidence to show that the sulphate of quinine had been the means of hastening it" (the recovery.) "In the *post-mortem* examinations of the subjects who died (says M. Martin Solon,) I failed to detect any particular alteration that I could fairly attribute to the large doses of the sulphate; it had passed in a manner imperceptibly through the stomach and intestines. A symptom which I discovered in those who recovered from the disease, was a remarkable depression of the circulation. In short, I consider the advantages attributed to the sulphate (quinine) more than doubtful. Much doubt was afterwards expressed by several members of the Academy as to the innocuity of large doses of quinine or its sulphate; but finally, the terms of the report were adopted, and the memoir was shelved by a majority of voices." (See London Lancet, Feb. 25th, 1843.)

In the French Academy of Medicine, "M. Guenneau de Mussy read a report on the different papers which had been forwarded to the Academy, on the treatment of acute rheumatism by sulphate of quinine in high doses. After a careful consideration of all the points connected with this disputed question, the committee conclude that the sulphate of quinine should not be prescribed in the high doses of four or six scruples, recommended by M. Briquet; and, 2ndly, that the same therapeutic effects may be obtained by the ordinary doses of the remedy."

In the Provincial Medical Journal, Dec. 23, 1843, a young lady, aged 18, of a delicate constitution and nervous tempe-

rament, was under the treatment of a medical friend of mine for severe hysterical symptoms. Almost every evening she had repeated fits—epileptic in appearance, although decidedly hysterical in character. The remedy administered was quinine with sulphuric acid; she began with six grains per diem, which was soon increased to ten, and afterwards to twenty. When she had been taking the medicine for about a fortnight, she received a six-ounce bottle containing eight drachms of quinine in solution, with an ounce and a half of dilute sulphuric acid, of which she was directed to take one teaspoonful at a dose, in a wineglassful of water. Not regarding the directions, however, she poured out a wineglassful—about one third of the bottle—and swallowed it. Her first impression was one of extreme acidity of the mouth and a most disagreeable sensation about the teeth. This was followed by nausea and extreme giddiness, and tendency to stupor. Her friends, believing that she had taken a narcotic poison, insisted on making her walk up and down, after the manner generally recommended for narcotic poisoning. After this had been kept up for some time, the stupor abated and she passed into a state of semi-consciousness, with the feeling as if she was obliged to keep moving. She was intensely thirsty, and drank a great deal of water. But all the bad symptoms gradually subsided without medical aid, and did not return for a very long time afterwards.”

In the “American Journal of Medical Sciences,” for January, 1844, it is stated that “dogs, poisoned with sulphate of quinine, showed distinct fluidity of the blood and morbid engorgement of the parenchyma of the lungs. M. Metier cautions against administering the large doses of quinine that have been in use.”

In the April No. of the same Journal, page 498, we have the following case: “M. Recamier ordered for a man 26 years of age, admitted into the Hotel Dieu, 27th Nov., 1842, laboring under acute rheumatism, 48 grains of sulph. of quinine in 12 powders, to be taken every hour. The next day 72 grains were ordered, six to be taken every hour; but after the eighth dose, the patient was suddenly seized with a violent agitation, followed by furious delirium, and died in a few hours. On examination, evidences of severe inflammation of the cerebral membrane were discovered.”

Since I commenced the investigation of this subject, I have found so many authorities opposed to the administration of large doses of quinine, that I should fill a volume, if I detailed them all at length. I have given fair specimens of them, without suppressing anything, in the cases cited, that would seem to favor it.—*Boston Medical and Surgical Journal.*



*On the use of large doses of Quinine.—Report of a Committee of the Medical Department of the National Institute, on Dr. Buck's Paper, "On the Use and Abuse of Medicine."*—Your Committee, to whom was referred the paper of Marcus C. Buck, M.D., beg leave to present the following as their views on the subject of his communication.

The title of the paper is "On the Use and Abuse of Medicine." In treating of this subject, the writer has taken some very sensible and proper views. In the commencement of the paper, the author avows the object he had in view in writing and reading it before the National Institute. The object is a most laudable one, and with the views entertained by the author, he could not conscientiously refrain from this course. Humanity, as well as the interests of society, required it of him. We are also pleased to observe the spirit of tolerance and the courteous and complimentary style of the paper. Although he attacks the doctrine and practice of a very large portion of the surgeons of the Army, he extends to them, individually, and to the head of the corps particularly, well-deserved compliments.

The object of Dr. Buck's paper, is to oppose his observations and experience, to the practice resorted to within the last few years, of giving large doses of quinine, and to disapprove of its use. Many very cogent and substantial arguments are introduced by him, to sustain his motto, "*In medio, tutissimus ibis.*"

In order that the committee may be fully understood in the views and opinions they have expressed, it will be proper to pass in review, cursorily, the subject and object of the paper to which Dr. Buck's is intended as an offset or corrective.

This paper was read before the convention of the National Institute by Surgeon Van Buren, U. S. A. This, if we understand the nature of the paper correctly (not having heard it read,) was to present, in a concise form, the evidences of the advantages of large single doses of quinine, over small and repeated doses of the medicine, in malarial diseases. And these evidences were drawn directly from recorded materials presented to the Medical Bureau of the U. S. A., by medical men of the highest standing, the most unimpeachable veracity, and after their frequent and repeated trials of the medicine in their practice in the South. If what I have heard of the nature of this paper be true, no opinion was expressed by the compiler, and no theory was deduced from the facts. His paper was a mere statement of facts collected in the manner above stated, and elicited by the Surgeon General, with the view to the more correct understanding of the subject. He did elicit full and important details, which go far to prove that the medicine may be given in large doses with impunity, and with a decided medical effect. The facts presented by

this paper of Dr. V. B. cannot, or rather should not, be compared to those detailed by Dr. Buck, of the administration of large doses of opium and other poisons with advantage, because we know that 99-100ths of persons would be killed by this indiscriminate opium practice. Whether or not that would be the effect of quinine, is shown by repeated observations made by army and other practitioners. It has been clearly shown, that no case of death, which has occurred after the use of large doses of quinine, has ever been traceable to this medicine; therefore his illustrations of the impropriety of this practice will not hold good.

In presenting his views on the subject, Dr. Buck has lost sight of a very important fact. The number of cases in which single and very large doses of quinine have been given, is so great, that it no longer produces a query, whether this can be done. Upwards of two thousand cases have been treated in Florida in this way, and with far greater success than ever was known to arise from any other method, and, as I have said, without death resulting from it. There has as much as one ounce of sulphate of quinine been given, and no ill effects occur from it.

Dr. Buck takes the ground, that if small doses will have the desired effect, why resort to such large doses? This, of course, is a most sensible view of the matter. *If small doses will have the desired effect, why resort to so large a dose?* What has been the experience of all those who have used this medicine in large and small doses? They all tell you that it required larger doses in Florida to produce a certain effect; that the small doses, repeated, as was wont to be our practice up to this era, proved inefficient. They tell you, moreover, that small doses repeated, do not produce the same decided and permanent impression as the large single dose; that small doses produce more certain and decided cerebral derangement than the single large dose. Now these are not theories, not mere speculation, but the result of actual observation. Thus it is shown by these gentlemen, that in several cases of delicate females and others, when small doses of the medicine were given, severe consequences followed; while the administration of one full dose, of 20 or 30 grains, so far from producing cerebral disturbance, had the contrary effect. This, I say, is not theory, but fact; and many such facts are on record as coming from army surgeons and several private practitioners, both in Florida and other malarial countries. It is true that there are a few rare instances of blindness and deafness being produced by this wholesale practice; but have we not known the same to occur from the continued use of quinine in small doses? Therefore the few cases in which unpleasant effects have arisen from the use of this medicine, should not weigh, when we have thousands in this country



alone of the decided beneficial effects of it. Idiosyncrasy may influence the action of this medicine, as in the case of Dr. Buck's opium-eaters and others. But we need not confine our remarks to the experience of surgeons in this country, as to the good effects of large doses of quinine in malarial diseases. We find in Europe that they are resorting to it. Among others, I will merely allude to the opinion of Dr. Austin Flint, of Buffalo, N. Y. (vide page 277, Vol. II. of the *American Journal of Medicine*.) And what has been the experience in this city and the surrounding country? Let me refer you to a paper by Dr. ———, of Maryland. There we find the administration of large doses of quinine advocated. And the same practice is followed, I hear, in the surrounding and adjacent counties of both Virginia and Maryland. In our own city we have the evidence of our friend Dr. Sewall, who has given it in drachm doses. (See *London Lancet*.)

Now, without going further, this is a weight of authority which Dr. Buck cannot disregard, nor can the medical world. It has been more than five years since Mr. Piorry first made his observations on the subject of giving large doses of quinine in enlarged spleen; and we must regard the accounts we have received of his success. But prior to his observations, and long before the Florida war, eminent men in this part of the country gave large doses of quinine. Dr. Potter gave 8 grains; and advocates of his precepts and practice have been increasing since he wrote and lectured on the subject. Let us, then, sum up the facts on this subject, for from these much may be argued on which to form the judgment.

In the first place, it has been shown by more than 2000 observations in this country, that large doses of from 10 to 60 grains, or an ounce, of quinine, can be given without producing injury.

2. That it has been proved, beyond doubt, that these large doses do exert a curative effect on periodical and malarial diseases, and more certainly than small doses.

3. That the cases of permanent injury resulting from large doses of quinine, are not more, indeed not so numerous, as from repeated small doses.

4. That the temporary inconvenience of disturbance of the nervous system is not so liable to ensue from large as small doses. This is stated, though our experience is to the contrary, in most cases.

5. That so far from smaller doses being more certain, they are not, the paroxysm being far more likely to occur after their use, than after a single large dose.

6. That the impression made on the system is more permanent from large than small doses.

7. That in diseases that run their course rapidly to a fatal

termination, as in the southern country, a reliance on small doses was found to prove hazardous to the safety of the patient; therefore, when it is desirable to cut short or prevent the occurrence of a violent chill, the large doses should be resorted to.

8. The visceral diseases are not more liable to follow, if as much so, from large as from small doses of quinine.

Now these various conclusions, if true—and how can we doubt their truth, coming from the source they do?—should, to say the least, cause us to reflect before we denounce the practice of giving large doses of quinine, and call it rash and empirical.

Our *own* individual experience, though limited, is yet to us worth something. We have been in the habit, from long usage and from impressions imbibed, like Dr. B.'s, from lectures heard in our pupillage, of considering a grain or two repeated quite enough; and we feared to administer a full dose until within the last year, since when we have been in the habit of giving 10 and 15 grain doses, the night prior to the expected paroxysms of fever, and must say have seldom been disappointed with its effects. Convalescence succeeded to its administration, and seldom have we found it necessary to repeat the dose.

In the use of all medicines it is important and proper that we should discover the medicinal dose. More than this is of course superfluous. This is an important point to ascertain in the medicine now under consideration. And it should be the duty and determination of all who regard the interests of the community, and the science of medicine, to aid in the furtherance of this object. All over a certain amount is either inert or injurious. Our observations led us to consider that about 15 grains in this climate may be considered the *medium* dose, and that as much benefit will result from this dose as from two scruples or a drachm. Less than these doses will scarcely act as an anti-periodic medicine; but this dose, given at a proper period of time from the anticipated attack, will most certainly have the desired effect.

The next question to be ascertained, is, how long before the expected paroxysm should this dose be given? This is a very important fact to have fully ascertained, for it is an object to give it as far distant from the paroxysm as possible, for reasons well known to all who have ever used the medicine. We have found twelve hours answer exceedingly well, and this is the usual period of time allowed. But some recent observations have gone to prove that the anti-periodical effects are more decidedly felt eighteen hours after its administration.

Let us next ascertain in what class of diseases quinine is most suited, and whether we can account for the difference in



the size of the dose, which has been given at different periods of time since its discovery.

The first part of this inquiry can readily be answered, if our opinion of the mode of the action of this medicine be true. We look upon it as purely an anti-periodic medicine, and indicated in all this class of diseases particularly, possessing peculiar medicinal virtues in malarial diseases. We hold that there is no purely tonic properties in quinine. We can readily conceive, therefore, that its action may be prejudicial, whether given in large or small doses, in diseases having an origin independent of malaria and not periodical in their type. Hence we find that Britteneau, Recamier, and others quoted by Dr. Buck, found it not only injurious but actually fatal in cases of this class. But it does not clearly appear, in the observations of these gentlemen, that death was more the result of the large doses of quinine which they administered than of the disease in which it was given. We should not be precipitate in referring death to the medicine administered in diseases which are so often fatal, particularly under the treatment of the French pathologists. And we should be careful, also, in ascertaining the effects of medicine on dogs and other animals, how far the action on these is applicable to the human economy. For it is a well-known fact, that many articles of the *Materia Medica*, which exert a baneful influence on the lower orders of animals, are not only innocuous to man, but possess a curative and sanatory effect on him. We have ever regretted that this mode of deducing the effects of medicine on the human economy should have been practised.

The question now arises, whether causes do not exist, *why* this medicine can be exhibited at the present day in larger doses than formerly. We entertain the idea that causes do exist for this. And among the *first*, we shall notice the *deterioration of the article*. This will account, in some degree, for the capability of the system to bear a larger dose than formerly. When this medicine was first discovered and introduced into practice, *one* grain was equivalent to one drachm of the best Peruvian bark. The medicine then sold for from \$10 to \$15, even \$30 per ounce. What the proportionate dose of it is now, we are unable to say. But the price is now reduced to from \$2,50 to \$4,00 per ounce. Inasmuch as bark continues much the same in price, we would infer that there is nothing to justify the marked reduction of the price, unless it be the adulteration of the article, or the more slovenly mode of preparing it. The greater facility of making it, would of course reduce the price greatly. We then include this among the reasons why the system will bear larger doses, and why larger doses are required to produce the desired effect than formerly, though we do not by any means wish to be under-

stood to assert that the system would not formerly have borne larger doses than were then given.

(*To be continued.*)

### RUSH MEDICAL COLLEGE.

The Third Annual Course of Lectures in this Institution will commence on the First Monday of November, 1845, and continue 16 weeks.

The organization of the Faculty is at present as follows:

Surgery and Surgical Anatomy, Daniel Brainard, M.D., of Chicago.

Chemistry and Pharmacy, J. V. Z. Blaney, M.D.

Materia Medica and Therapeutics, John McLean, M.D., of Jackson, Mich.

General and Descriptive Anatomy, Wm. B. Herrick, M.D., of Chicago.

Institutes and Practice of Medicine, G. N. Fitch, M. D., of Logansdort, Indiana.

Obstetrics and Diseases of Women and Children, John Evans, M. D., of Indianapolis, Indiana.

The annual circular will soon appear. The class of last (2d) session numbered 46. Graduates 11. The first class numbered but 22. The fees for the entire course, are \$60. Matriculation fee, \$5. Graduation fee, \$20.

### TO READERS, CORRESPONDENTS, &c.

We have received in exchange, the following journals, viz:

The Boston Medical and Surgical Journal for May, 4 nos.

The Western Lancet, May No.

The Southern Medical and Surgical Journal, May.

The Medical News and Library, “

The Western Journal of Medicine and Surgery, “

The New Orleans Medical Journal, “

The Medical Examiner.

The American Journal and Library of Dental Science, March.

Also, the Prospectus of a new Journal about to be issued at Buffalo, N. Y., to be edited by our late colleague, Prof. Flint. It is to be issued monthly; of 20 pages. Dr. Flint possesses high qualifications as a writer, and we heartily wish him success in his undertaking.



# ILLINOIS

## MEDICAL & SURGICAL JOURNAL.

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### FERRUGINOUS PILL OF MERCURY.

In a number of the London Lancet, for 1843, I observed a formula for preparing mercurial pills, which is as follows :

“ R. Ferri. sesquioxidi        3i.  
Hydrargyri                    3ii.  
Confect. Rosæ Gallicæ 3iii.

Contere donec Globuli non Omplias conspicantur.”

Prepared in the above manner, the mass is not of sufficient consistence to form into pills. The following is the method which I have adopted :

Mercury,	1 oz.
Confection of Roses,	1½ oz.
Sesquioxide of Iron,	½ oz.
Liquorice Root, in powder,	½ oz.

Mix the iron and confection of roses, then add the mercury, and rub till the globules disappear ; lastly, add the liquorice, and thoroughly incorporate it into the mass.

A much less quantity of iron, than is here given, will answer for the speedy and effectual reduction of the mercury. I have formed the mass, as speedily and perfectly with one-fourth, as with the amount given in the formula. If in any instance, it is desirable that an article containing less, should be used, it can easily be prepared accordingly. There are a few cases, where the Iron might be objectionable, but on the other hand, there are many where it would act beneficially as a remedial agent, in this connexion with mercury.

The mercurial pill is in such common use, and of so much acknowledged utility in many cases of disease, that any improvement in its preparation, becomes an object of interest to the profession. Owing to the difficulty of preparing it, after

the formula of the Pharmacopœia, many practitioners prefer purchasing it of the apothecary, and an inferior article not to be relied on, is often procured, and thus the looked for results of their prescriptions, are not realized. It is all important, that Physicians should be acquainted with the quality of their remedies, in order to treat successfully, disease. By the addition of the Iron, the great labor of forming the blue pill is done away with, so that every physician can prepare his own. What required hours of labor, by the method usually adopted, may be accomplished, by this new form, in ten minutes. I have, in from 5 to 10 minutes, so thoroughly reduced the mercury, that no globules could be discovered by the aid of a glass, magnifying from 10 to 15 times. Should the physician still prefer to purchase of the apothecary, (if he would prepare after the foregoing manner,) a more uniform article, and of a superior efficacy would be received.

Sulphuric acid is sometimes added to the conserve of roses to improve its color, which, if present, when the mercurial pill is prepared according to the usual method, forms a subsulphate of mercury—a compound possessing very energetic properties; but when formed with the oxide of Iron, instead of this, a harmless ferruginous salt is produced, and the uniformity of the mercurial compound is not disturbed. Mr. Abernethy, in speaking of the uncertainty of the blue pill in its operation, seems to think, that this may depend on the sulph. acid, which frequently is found to exist in the conserve of Roses. Dr. Paris observes: “It is not improbable, that in making the conserve for sale, some of this acid may be added to brighten the color; and if so, the mercurial pill, which is made from it, may contain in varying portions, some of that highly deleterious compound, the subsulphate of mercury.”

Again, when prepared after the usual manner, the strength is liable to vary, on account of the difficulty of reducing the mercury, for which reason it is many times left in an imperfectly finished condition; but by the method now offered, this difficulty is entirely obviated. There have been different theories with regard to the manner in which the oxide of Iron assists in the reduction of the mercury; but at present we shall not enter upon the discussion of this point, but content ourselves with the fact that it assists very materially in the formation of the mercurial pill. Lastly, I believe this prepa-



ration to be superior to the usual one, in all cases where Iron is not contra-indicated. I have now used it for nearly two years, and have found it much more satisfactory than the other. According to my experience, it is more energetic as a cathartic, and acts with more promptitude and certainty upon the secretions. In cases of Anemia and protracted intermittents, when mercurials are indicated, this preparation is peculiarly applicable, in consequence of the Iron it contains.

The advantages which this possesses over the common blue pill, may be summed up as follows: 1st. It is much more easily prepared. 2nd. Its strength is more uniform. 3d. It is more active and uniform in its operation.

Jackson, June, 1845.

JOHN McLEAN.

#### TRIAL FOR MALPRACTICE.

*Wm. Tims vs. James P. White.*—This was an action brought in the Circuit Court, in Erie co., N. Y., and tried on the 18th June, ult. The material facts of the case, as reported, are: that the plaintiff fractured the femur (the date of the accident, and the point of fracture do not appear); Dr. White dressed it, using the double inclined plane; that at the end of forty-seven days the apparatus was removed, the patient being directed to remain in bed; there was some pain; patient walked about, and, at the end of a certain time, the limb was found to be an inch shorter than the other, and angular at the point of fracture. Dr. Wilcox testified, that at the time the dressing was removed, the fracture appeared to be consolidated, and “the limbs were of equal length and proper direction.” Drs. Bissel and Flint testified, that the patient said his leg was straight when the splints were taken off. Most of the medical testimony was to the effect that the treatment was judicious; that the double inclined plane is the preferable apparatus; that it may be removed in some cases as soon as forty days after its application. It was proved that, in this case, there was much pain and spasmodic action after the removal of the dressings. The jury did not agree upon a verdict, this being the second time the same result had been obtained.

*Remarks.*—If we place implicit reliance on the testimony in this case, we must believe that the deformity and shorten-

ing of the member took place after the removal of the splints; that this resulted either from the improper use of the limb, or from spasmodic action of the muscles. In either case there can be little doubt that the verdict should have been in favor of the defendant.

We were, however, a little surprised, that the eminent and judicious men called as medical witnesses, should have given such favorable opinions of the double inclined plane, in fracture of the *shaft of the femur*. That it is preferable in fractures occurring near the extremities of that bone, we do not doubt; but, from observation, and personal experience with both kinds, we must give a preference, in fractures near the extremities, to the straight apparatus. The result of this case, and the testimony given in it, do but confirm us in this opinion. Thus, Prof. Hamilton, who uses the angular apparatus, says, with a frankness worthy of all praise, he “never succeeded in making a fractured limb of the same length as a well one.” For ourselves, since using the straight splint of Dessault, three cases of fracture of the thigh, near its middle, have come under our care, and in neither of these has there been, so far as the patient could discern, the slightest difference between the members of the injured and well sides. We say as far as the patient could discern, for accurate measurement with a string was not made. But in no case, in the adult, have we removed it before the twelfth week.

In a great number of cases, however, owing to the character of the injury, the irritability of the muscles, the state of the system which retards or prevents the formation of callus, the indocility or want of care on the part of the patient, it is impossible for the most skilful surgeon, with the most perfect apparatus, to reproduce a perfect limb; and it is important that this should be generally known, as it would, in many instances, protect surgeons from prosecutions originating in improper motives, personal feeling, or ignorance, whether they be found in patients, professional men, or the public.

D. B.



## BIBLIOGRAPHICAL NOTICES.

*On the Anatomy and Diseases of the Urinary and Sexual Organs, containing the Anatomy of the Bladder and Urethra, and the Treatment of the Obstructions to which these passages are liable.* By G. J. GUTHRIE, F. R. S., &c. From the third London edition; pp. 150, 8vo. Philadelphia, Lea & Blanchard, 1845. (From the Publishers.)

We propose, in a brief analysis, to give our readers a view of the contents of this volume, dwelling particularly upon such parts as are of peculiar interest, from their novelty or importance.

Chap. I, embracing 26 pages, treats of the anatomy of the bladder. In addition to a pretty full and clear description of this organ, as usually given, the author advances the opinion, that the peculiar structure about the mouths of the ureters, is designed to keep them always patulous, except when the bladder is distended, when they are pressed upon and closed, in order to delay if not to prevent the flow of urine into the kidney. The effect of this is to check the secretion, diminishing it from over to less than 1 pint in twenty-four hours, by retaining it in the ureters, and thus pressing upon the kidney. Another peculiar view of our author, is that the little projection, below the orifice of the bladder, called by Sir Everard Home, the third lobe of the prostate, and by the French, *luette vesicale*, is in fact only a part of the coats of the bladder, and is not a part of the prostate.

Chap II, of 22 pages, is devoted to the structure of the urethra. Contrary to the received opinions, our author regards this as not muscular, but as a compensation, he allows it to be possessed of a peculiar contractility, which would reduce the controversy to one of words rather than of structure. We do not, however perceive, that he has advanced anything to induce a change of views on this part of the question.

Chap. III embraces 13 pages on the formation of spasmodic and permanent strictures. In reference to the former, they are thought by Mr. Guthrie to be very rare, and those so called he considers as engorgements of the mucous membrane, best relieved, he says, by the immediate introduction of a catheter.

The chapters on the treatment of permanent and impassable stricture, are very full and judicious, surpassing very much in merit, those devoted to the anatomical descriptions. The method in almost universal use, for the cure of permanent stricture of the urethra, is by dilatation with gum-elastic bougies. We say almost, for Ricord persists in treating the great majority of these by lunar caustic; and notwithstanding

theoretical views, or general opinion, our own observations bear witness to the safety and success of his treatment. The caustic, well applied, acts by removing inflammation of the passage, and the relief which it affords, proves the great agency which this state has in aggravating the disease. Mr. Guthrie does full justice to this method, which, he remarks, has fallen into unmerited neglect. He, however, in most cases, prefers to use dilatation, either from the beginning, or after having allayed irritation by caustic. He prefers the wax bougies for exploration, and those of gum-elastic, or of silver, for removing the stricture. When this is near the orifice, he practices division with the knife. We have found rupture by passing a sound through it at once, to answer perfectly.

When the stricture has become impassable, there are two methods which may be used: 1st, pass a bougie down, so as to press its extremity upon the hardened gristly substance of which it is formed; this repeated for several days, will frequently produce absorption, and allow the instrument to pass. When this is not the case, he recommends passing a catheter down to the stricture, making an incision from the perineum into the urethra, behind it, so as to discharge the water, dividing the stricture, and passing a catheter into the bladder, allow this to remain till the wound heals. This, or some operation, which like it, discharges the urine and divides the stricture, is the one generally approved at the present time.

It will be seen that our author is not exclusive in his mode of treatment, and the cases in which the different methods are to be chosen, are very accurately discriminated.

There is a chapter on suffusion and retention of urine, which we pass over, in order to make room for some remarks on a subject less understood, to which the last chapter is devoted, viz.: irritation of the membranous and prostatic parts of the urethra.

These, the author ascribes, in many cases, to the irritating qualities of the urine, and recommends a careful examination of this fluid, in reference to its more prominent chemical properties. The treatment is to be regulated by the result. In other cases they are dependent upon an affection of the spinal cord, which renders the patient unable to evacuate all the urine; in others, upon gonorrhea, upon piles or other disease of the rectum, &c. In nearly all cases, when other remedies fail, opium allays the pain, and affords great relief. It is obvious, that in all these different classes of cases, regard must be had to the cause; but in removing the irritation, we have found nothing so effectual as the cauterization with the Nit. Arg., as recommended by Lallemand, which, however, Mr. Guthrie does not recommend. The name of the author, and his position as surgeon of the Westminster Hospital, will suf-



ficiently commend the work. We can add, that from careful perusal, we have found it a most useful source of information, in relation to the diseases of which it treats. D. B.

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*Summary of the Transactions of the College of Physicians of Philadelphia, from November, 1844, to March, 1845.*

This summary consists of 50 well printed 8vo pages, and contains the Annual Report on Surgery, in addition to much valuable general and statistical information, contained in the reports of the committees on various subjects, and papers read by individual members. It is valuable as the organ of one of the most authoritative medical bodies in existence, and from the fact that its reports are submitted by gentlemen long acknowledged as among the most eminent in our country. We have merely room for a brief analysis of its contents.

At the stated meeting, on Nov. 5th, 1844, the *Annual Report on Surgery* was presented and read by Dr. PARRISH. This report contains a tabular summary of the cases of gunshot wounds admitted into the Penn. Hospital, during the riots of May and July, 1844. The table was furnished by Dr. Logan, one of the resident physicians of the Hospital. Of fourteen cases admitted, seven died. "The larger number were admitted on the evening of the seventh of July, during the battle between the mob and the soldiery which occurred in Southwark; and from the contiguity of the Hospital to the scene of action, but little time elapsed before they were placed under surgical treatment. In several of the cases seen by your reporter, where the wounds were mortal, the patients were tormented with that intense and insatiable thirst which occurs in some forms of low fever, and in very prostrate conditions of the system, and which is noticed as among the most horrible torments on the field of battle; together with vomiting, and extreme jactitation and restlessness. In two of the cases, death occurred without reaction, while in several others, the patients lingered in a hopeless condition for several days. It was also remarked that, the wounds by slugs were more severe and dangerous than those by balls—the slug being irregular in shape, and producing more extensive laceration of the parts with which it comes in contact."

Several cases are mentioned in the report of particular interest. In one case, a ball traversed the lower part of the abdomen, without inflicting injury upon any of the viscera; the patient lived fifteen days with the ball lying in the cavity of the abdomen. There were two cases in which the cavity of the chest was penetrated, both of which proved fatal. But

one case required amputation. In this case there was a comminuted fracture of the neck and head of the humerus, produced by a grape shot. Amputation at the shoulder joint was performed by Dr. Norris, fifteen hours after the reception of the injury. The operation was performed July 7th, and the patient discharged cured August 20th. In a case of comminuted fracture of the femur, produced by a musket ball, contrary to the weight of authority which demands immediate amputation, an attempt was made to save the limb. The report says of this case: "His youth, temperate habits, and good constitution, were all in his favor, and rendered the case more hopeful than usual. The result appears likely to meet their most sanguine anticipations, and, should he recover with a good limb, his case will furnish an important addition to our experience on this interesting subject. The result is perhaps mainly attributable to his youth, as it is found that nearly all the cases of recovery after compound fracture of the thigh, whether produced by ordinary accidents or by fire arms, are in persons under age."

Several interesting cases occurring during the riots, and under private treatment, are contained in the report. A case of comminuted fracture of the humerus, with extensive laceration of the soft parts, was successfully treated by Dr. Norris, by amputation near the shoulder joint. A case which fell under the joint care of Drs. Parrish and Remington "is especially worthy of record, from the fact of the perfect restoration of a limb after a pistol shot, which penetrated the thigh, and fractured the femur above the condyles." The ball was smooth, and not larger than large buck shot; "the patient young, of remarkably fine constitution and temperate habits." A case was treated by Dr. Ashmead, of fracture of the patella into several pieces, with opening of the knee joint. The straight splint was used, dressings of lint, careful avoidance of access of air to the knee joint, perfect rest, and opium, stimuli and nutriment to obviate threatened tetanus. At the end of four weeks, the patient "was able to sit up, and was allowed to give slight motion to the joint. When last seen, Nov. 1st, he was found to have as free use of the limb, as is usual after ordinary fracture of the patella—a firm ligamentous union having taken place between the fragments. The circuitous course of the ball, passing around the head of the tibia, and traversing a route of four or five inches without entering the joint, was remarkable—as was the recovery of the use of the limb to its present condition, without serious inflammation and stiffening of the joint."

Other interesting cases are reported, which we have no room to notice.

At the stated meeting of Feb. 4th, 1845, Dr. Moore presented and read the Annual Report on Meteorology and Epi-



demics. This Report is worthy of much credit, as the means afforded for its preparation in the city of Philadelphia, by the well conducted Dispensaries, the excellent Hospitals, and the Books of the Board of Health, are ample and doubtless correct. We give space to a few extracts from the remarks upon *Prevailing Diseases*.

Of the diseases of the respiratory passages, one third might be referred to the inflammation of the mucous membrane, "constituting the Catarrh and Bronchitis of medical writers. By the latter title, the fatal instances are recorded in the list of interments in the city and adjoining districts. In the period embraced in the present report, such affections have not been considered epidemic. Until after the autumnal equinox, the assemblage of symptoms corresponded with the character given to catarrh by nosological writers. In October and the two succeeding months the disease became more prevalent, and was generally ushered in by rigors, accompanied, often, by severe pain in the limbs. To these were superadded great disturbance of the stomach, indicated by nausea and bilious vomiting. In a few cases, diarrhæa was observed. The disturbance of the digestive organs prompted the exhibition of emetics; the operation of which, in many cases, was followed by a cessation of the nausea, and a mitigation of all the symptoms.

"Inflammation of the other pulmonary tissues seems to have been in the proportion and degree observed in ordinary years. The bills of mortality do not indicate any great number of fatal cases.

"Of the Exanthemata, Scarlatina occupied the most conspicuous rank. During the months of January, February, and March, there were many fatal cases. In a widely extended population, varying in habits and constitution, and operated on by causes not yet appreciated by medical writers, Scarlatina, like other epidemics, does not affect different individuals with equal severity. The disease was often mild, consisting merely of a scarlet efflorescence, with little or no affection of the throat. Considerable tumefaction of the tonsils, attended by an accumulation of mucus, and great difficulty in swallowing, was observed in most of the fatal cases. In some instances, extreme prostration of the system was observed at the very onset; in other instances, the indications of danger came on later. Fœtor of the breath was observed in the malignant forms, and was always a cause for apprehending a fatal issue. Death seemed to be often occasioned by the disease pervading the pulmonary tissues, oppressing respiration, and causing a livid appearance of the face. Lethargy, coma, and convulsions, showed that the brain was implicated and death was often induced by the determination or translation of the disease to the cerebral system. On a retrocession of

the eruption, the symptoms generally announced this important organ to be affected. The acid odor of the breath was not uniformly associated with the corresponding acid condition of the urine, as observed in former years. The mortality falls far short of what was recorded in 1843.

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“To the quality and quantity of the ingesta, many of the acute morbid derangements of the stomach and bowels may be readily traced. Accordingly, affections of this character occur at all seasons of the year. Inflammation of the alimentary canal proceeds more frequently from the food that has been taken, than from any atmospheric influence, though exposure to the cold seems often to contribute in occasioning the disease. The weekly lists of interments present the greatest number of deaths from inflammation of the stomach and bowels in June, and the smallest in February. Colic being caused, most commonly, by irregularities in diet, and by inattention to the due discharge of the fæces, is confined to no period of the year. In September, and during the subsequent months, the disease was often accompanied by bilious vomiting. In these cases, the mild chloride of mercury, given in grain doses, at short intervals, seemed to exert the most favorable influence; correcting the irritability of the stomach, and bringing about a free discharge from the bowels, ineffectually attempted by enemata and purgatives of a bulky form. Some cases of Cholera were noticed in March, apparently occasioned by the character of the food. The Cholera incident to children during the period of the primary dentition, was observed early in May; and proved fatal to eight persons of this age, as recorded in the bills published by the Board of Health. In July, the deaths from this source amounted to one hundred and sixteen. The aggregate number of children who died of Cholera, during the summer months, is stated to have been two hundred and thirty. In 1843, the annual bill exhibits two hundred and sixty-eight deaths from Cholera Infantum.

“Diarrhea and Dysentery were more frequently the subject of medical attention than in ordinary years. Dysentery was comparatively mild, and yielded readily to gentle purgatives, succeeded by the compound powder of ipecacuanha, combined with the blue mass, or given with the syrup of Tolu, according to the ability of the patient to swallow pills, or to take the medicine in the other form.”

At the stated meeting, March 4, 1845, Dr. Condie presented the annual report on Diseases of Children. Dr. C. speaks in terms of the highest commendation of the recent work of MM. Rilliet and Barthez on the Diseases of Children, with some cautionary remarks to practitioners, upon the discrimination to be made between the mass of their cases, occurring among



the destitute and in hospitals, and those found among the better class in private practice. The report is founded upon the various recent monographs upon the diseases incident to childhood, and their pathology, and contains an excellent and convenient summary of the main facts contained therein.

Much other matter of importance in the pamphlet we must pass over in silence. There is added to the work a Bibliographical Memoir of John C. Otto, M.D., late Vice President of the College of Physicians, read before the College by appointment, March 4th, 1845, by Isaac Parrish, M.D. This is a proper tribute to the memory of an excellent man, an eminent physician, and one of the founders of the College.—ED.

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*The Buffalo Medical Journal.*—This is the title of a medical journal, the first number of which was issued in the city of Buffalo, in June. It is edited by our late colleague, Austin Flint, M. D., under whose management it is certain of success, if that success be at all dependent upon the industry, talent, or acquirements of its editor. It contains 24 well printed octavo pages, with a neat cover, and is to be issued monthly, at the rate of \$1,00 a year, in advance. The first two numbers, which are before us, contain a fair proportion of excellent original communications, and a variety of well selected matter. Among the former, we are pleased to notice the commencement of an interesting series of "Notes of a European Tour," by F. A. Hamilton, M. D., Prof. of Surgery in Geneva Medical College. We welcome with pleasure this accession to our exchange list, and wish the new Journal and its editor all the success which merit deserves.—ED.

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## PRACTICAL MEDICINE, &c.

*On the Use of Large Doses of Quinine.—Report of a Committee of the Medical Department of the National Institute, on Dr. Buck's Paper, "On the Use and Abuse of Medicine."*

(Continued from No. 3.)

The *second* reason why larger doses are more admissible than formerly, is the marked modification of the various diseases to which the human family are liable within the last half century. This is truly remarkable, and it is from this circumstance we must account for the numerous fashions which have prevailed in medicine and medical practice, and which are so pointedly alluded to in the paper of Dr. Buck. Within our own recollection many have reigned, and have been superseded. This, though, may be all accounted for very rationally—the necessity of the change in the mode of practice being required by the changes which disease has un-

dergone; the practice being in accordance with the exigencies of the cases. We must not be understood as expressing the view that the character and the nature of the *semina morborum* have undergone any modification; that there has been really any change in the cause of disease. It is the same causes acting on the *systems* which have been revolutionized by the habits of man, by his advancement in civilization, by his increase of an indulgence in luxuries. These influence the habits, morals and customs of whole nations, and may account for the different influences which the *semina morborum* have now from what they had when man was nearer his primitive state. In illustration of this, we may refer to the influence of climate, season of the year, &c., on the character of disease. We may farther illustrate it by exhibiting to you the fat, jolly, beef-eating and beer-drinking alderman of London; the butler of "my lord's" mansion, confined solely to his domains; or the Frenchman confined to the purlieus of Paris, accustomed to breathe only its foul and polluted air, subsisting on soups, sour wines and "lavements." Compare these with the hardy American, living in an open and well ventilated country, confined to no space, bound by no usage, and subsisting on food compatible with his nature. Now examine what will be the effect of similar causes of disease acting on these two dissimilar classes of individuals. Why, the same cause of disease acting equally on these several individuals would produce dissimilar effects, which would require different methods of treatment.

Here we have illustrated the principle, with which we set out in the above paragraph, that causes modify the action of disease and treatment. Climate, it is well known, produces differences in the character and the type of diseases. It changes the whole nature of the treatment. The subjects of Florida, and of the whole South Western and Southern countries generally, are liable to sudden and violent forms of disease, different in their type from those of the North and East, and generally unknown to those people. This principle, doubtless, accounts for the difference in the quinine practice of the two regions. It accounts for the necessity of giving large doses of the article, in some countries, while smaller doses answer for others. It may account for the fatality attendant on the administration of this medicine in France, and its beneficial effects in this country. This principle, and that already alluded to, viz.: the applicability of this medicine only to periodical malarial diseases, may serve to account for the discrepancy of the testimony relative to the advantages of the large doses of quinine. In speaking of the change which disease has undergone, without assigning other causes for this change than those already mentioned, we may assert our belief that disease has undergone a very essential and marked change



in its type in this country. And in this opinion we are not singular. In conversation with men of eminence, we find the same opinion entertained. The nervous system seems to be more or less involved in nearly every form of disease which presents itself to us; and this has been particularly the case in this section of country. Thus we have nervous, neuralgic symptoms complicating nearly every case which presents itself to us. If this fact can be sustained by more extended observation, as we believe it can be, it will go far to account for the modification necessary for the treatment of diseases.

The question now properly presents itself—inasmuch as the mass of beneficial effects of large doses of quinine have been made in the Southern and South Western portions of this country, will the practice equally answer in other sections of the United States? Or should we modify the practice according to the climate, seasons of the year, &c.? Do intermittents of every portion of the United States, and of every country, require to be treated by large doses of quinine? This we consider a question of the first moment. Admitting, as all must do, the propriety of the practice, at least in the South, should it not be imitated elsewhere? What has been the result of the observations of the physicians of the Middle States, and in our own District? Information on this subject, thus far acquired, leads us to the belief, that this class of diseases, arising as it does from the same cause, requires little modification in its modes of treatment. In this city, it is not an uncommon practice to administer 10, 20, or 30 grains of quinine daily, in one, two, or three doses, with decided benefit, not only in intermittent but in neuralgic diseases. This practice, thus pointed out in the paper already alluded to, published in the *Baltimore Medical and Surgical Journal*, from a highly respectable source in Maryland, is now the common practice of the lower counties of that State. But how shall we meet this question when applied to the Northern sections of the country? Malarial diseases in these are so infrequent, that but few opportunities exist of testing the value of the practice. Judging from the paper of Dr. Buck, we should rather infer, that physicians oppose the practice, either from fear of resorting to it, or ignorant of its advantages. Having succeeded by the continued administration of small doses, they are unwilling to countenance this innovation on established practices. These prejudices are of course to be regarded and duly respected. A sufficient number of observations have not yet been made, perhaps, to justify the universal adoption of the practice, although sufficient to justify a continuance of the observations. Time only can prove the value of the practice universally.

And why should not large doses of quinine be preferable to smaller, after all that has been said? Let us now present

some reasons drawn from analogy, and from the true *modus operandi* of this medicine. We have stated that all articles of the *materia medica* have their medicinal dose. We may go farther, and assert that the effect of medicines depends often upon the *dose* and the *mode of administration*. Take almost any article of the *materia medica* and examine its properties; we find that *upon the dose* will depend the effect. Nearly all emetics are tonics in small doses; they act as diaphoretics in other doses, and then we find them producing their specific emetic effects in full doses. Now take *opium*; would you give minute doses to produce sleep in *mania a potu*? Take *calomel*; would you give it in minute doses to produce catharsis? Need we go farther to illustrate, from the *materia medica*, that upon the dose of a medicine depends its effect? Then why need we exclude from quinine this property of producing different effects, in proportion to its doses? We *should not*, as illustrated by the observations already made. Let us recommend to the profession to cast aside old and wedded prejudices, and to open their minds to conviction. If they are not satisfied with the statements that have been made, and are unwilling to venture upon the administration of large doses of quinine, they may at all events feel assured that no injury can result from a cautious imitation of the practice.—The field is still open for observation and experiment, and the subject is of sufficient importance to demand all the energies of the laborers in science and the friends of humanity. For, after all, it is from the accumulated evidence and experience of the profession, that we are to be governed in this as well as in all points of practice?

It will therefore be seen that we entertain different views as to the administration of large doses of quinine, from our friend Dr. Buck. We agree perfectly in his motto, "*in medio tutissimus*," &c. We agree with him, also, that medicines are to be used and not abused—"Utor et non abutor." The questions between us, then, are, first, *what is the medium dose*, and what would be the abuse of this medicine? Judging from our own experience, as much good can be derived from 10 to 20 grains as from larger quantities. We would consider 15 grains as a medium dose, though we are not by any means disposed to question the assertions of those who have made more extended observations, as already shown, and who give 30 or 60. We again disagree with the author of this paper, in his opinion that it is improper that such a communication as that of Dr. Van Buren should be placed before the public. On the contrary, we think it should be published. Though an epitome of facts, they were collected after much labor and close observation, by responsible men in the profession, and under the high sanction of the Medical Bureau of the Army. It should be published, because it calls the attention of the



profession to a most important subject, one upon which various ideas are entertained by the medical men of this and other countries; thus affording these an opportunity of testing the correctness of the observations.

NOTE.—A good reason for giving large doses of quinine rather than small in intermittent fever, is that a smaller amount of the article is necessary to effect a cure. This I assert on the authority of those who have tested this by many cases. Thus in 75 per cent. a single dose of 20 grains of quinine will effect a cure, while giving it in small doses it will require nearly double the amount. It is a matter also of some importance, inasmuch as this is an unpleasant medicine to take, to diminish the number of doses as much as possible.—*Boston Medical and Surgical Journal*.

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*Prognosis of Chancre with reference to the probabilities of Secondary Symptoms.*—By M. RICORD of Paris—In the report of M. Ricord's lectures, it is stated as the result of his extensive experience in the Venereal Hospital, that he has arrived at the following conclusions relative to the chances of secondary symptoms after a primary sore.

1. Primary ulcer is the indispensable precedent of secondary syphilis; without chancre there can be no general infection, except in the rare case of hereditary disease.

2. Simple non-indurated chancre and gangrenous chancre are very seldom, and only in exceptional cases, followed by secondary syphilis.

3. Indurated chancre always gives rise to constitutional infection.

4. The seat of chancre does not in the least degree influence the production of secondary symptoms. Provided the chancre be indurated, secondary disorder is as common and as constant after sores of the mouth, hand, nose, or foot, as after chancres of the penis.

5. The size of a chancre, the number of sores a person is affected with, do not increase his chances of general infection, always provided none be indurated.

6. If the primary sore be destroyed during the six first days of its existence, no secondary symptoms will follow.

7. If six months elapse after the cure of a chancre (no mercury having been exhibited,) without the appearance of secondary eruptions, all fear of constitutional symptoms may be laid aside.—*Ibid. from the Prov. Med. Jour.*

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*The Engrafting of Nerves.*—M. Flourens, in reference to some experiments made by M. Tavnigot, proving the possibility of engrafting nerves one on the other, reminded the Academy that he had published, some years since, similar experiments, with like results. He had seen the interlaced

reunion of several nerves; for instance, the superior nerves with the inferior of the brachial plexus, and even the cervical nerves with the pneumogastric. In all these cases there was complete reunion, and in some, a complete return of function. (*See "Memoirs of the Academy,"* vol. xiii. p. 14, and his *Experimental Researches into the Functions of the Nervous System,"* &c., p. 272, *et seq.*—*London Lancet.*

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*Reduction of Dislocation of Large Joints by Power derived from Twisted Rope.*—Dr. Gilbert, Prof. of Surgery in Pennsylvania College, Phila., suggests a method of reducing dislocations of the large joints, which seems to combine the advantages of the pulleys, with greater simplicity, and with the important recommendation that the appliances are always at hand. He attributes to Dr. Fahnestock, of Pittsburg, the credit of first using it.

He describes the mode of application as follows: "Place the patient and adjust the extending and counter, extending bands as for the pulleys; then procure an ordinary bed cord, or wash line, tie the ends together, and again double it upon itself; then pass it through the extending tapes or towels, doubling the whole once more, and fasten the distal end, consisting of four loops of rope, to a window sill, door sill, or staple, so that the ropes are drawn moderately tight; finally, pass a stick through the centre of the doubled rope, dividing the strands equally by it; then, by revolving the stick as an axis or double lever, the power is produced precisely as it should be in such cases, viz:—slowly, steadily, and continuously." Its application is illustrated by a cut in the *Am. Jour. of Med. Sci.* No. for April ult. from which the above is taken. We commend this suggestion especially to surgeons in the country. It strikes us that it must prove an excellent substitute for pulleys, and is infinitely better than the clumsy and objectionable contrivances frequently employed under circumstances where recourse cannot readily be had to pulleys.—*Buff. Med. Jour.*

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TO READERS, CORRESPONDENTS, &c.

In addition, to our usual exchange list, we have received (in exchange,)

The Buffalo Medical Journal;

The Quarterly Summary of the Transactions of the College of Physicians, Philadelphia;

The American Quarterly Jour. of Agriculture and Science.

Also—Guthrie on the Anatomy and Diseases of the Urinary and Sexual Organs;

Esquirol on Insanity; (both from the publishers.)

The delay in the issue of the present number, has resulted from the absence of the editor. As he has returned and resumed his duties, no delay can again result from the same cause.



# ILLINOIS

## MEDICAL & SURGICAL JOURNAL.

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(REVIEW.)

*Vital Chemistry—Lectures on Animal Heat.* By THOMAS SPENCER, M. D., Prof. of the Institutes and Practice of Medicine, in the Medical Institution of Geneva College. Published by request of the Class. Geneva, 1845. pp. 114.

The above work does not assume to present any new experimental facts upon the subject, now much agitated, of Animal Heat, but a discussion of the subject, founded upon facts, for which the author acknowledges himself indebted "to those who have more particularly devoted their attention to these subjects, while the deductions are the result of his own reflections."

The new impulse given to the discussion of this most interesting subject by the investigations of Liebig, and the theories founded thereon, has called into the field two classes of disputants—the votaries of the chemical theories, and the advocates of, so called, pure physiology. As usual, both parties have carried their views beyond the limits of experimental truth and legitimate induction. The former class gives to chemical action an undue importance in the animal economy, allowing too little influence to vital force, in the modification of the laws applicable only to the mineral kingdom. The latter class, by denying entirely the agency of chemical force, as adjuvant to vital power, discourage investigation, and check the advance of science.

We are inclined to think that by both these classes, certain forces which perhaps may be called mechanical, have received less attention than they deserve. As an instance of that to

which we refer, may be cited the force which causes the absorption of oxygen and the escape of carbonic acid in respiration. This appears to us to be due simply to the diffusive force of gases, as established by Prof. Graham.

Dr. Spencer, in the lectures before us, assumes the presence of a triple compound of carbon, hydrogen, and oxygen, in venous blood. This compound he considers analagous to lignin or humus, and causes it to combine, during respiration, with oxygen; the carbon forming carbonic acid, and the hydrogen and oxygen escaping as vapor of water. The author appears sensible of the possibility of the heat thus generated consuming the lungs, and attempts to dispose of the large excess by the absorption of heat, in the exhalation of pulmonary vapor. That this is totally inadequate to the task assigned it, becomes evident, when we consider that in ordinary combustion of wood, its combined water, when passing into the state of vapor, absorbs an *imperceptible* amount of the sensible heat. It is only the water combined in the "hydrate of carbon," to which the author assigns the duty of preventing combustion of the lungs. If this be the only means of attaining the end required, the objection must still stand, that the combustion of the amount of carbon passing off by the lungs in the carbonic acid expired, if taking place in these organs, would elevate their temperature far beyond their natural state, if not to such a degree as to destroy the tissues. Besides, the mass of evidence in favor of the existence of carbonic acid, *as such*, in venous blood, and in proportion much greater than in arterial, appears to us conclusive, notwithstanding the Professor's answer to the objection in his last chapter. If this be true, there is no necessity for supposing, with Dr. Spencer, that combustion of carbon actually takes place in the lungs. Another proof of the same, is the fact that carbonic acid is equally expired, if gases *containing no oxygen* be inspired, as shown by the experiments of Spallanzani on cold-blooded animals, since repeated, with the same results, by M. Edwards. (See Müller's *Physiology*, book III, chap. 5.) This objection is ingeniously answered by Dr. S., in his last chapter, but the following, which is still more opposed to his theory, and we think unanswerable, he does not notice. The simple agitation of venous blood, out of the body, with hydrogen, nitrogen, and other gases *contain-*



ing no oxygen, is followed by the same result. How, we ask, can this be accounted for, otherwise than by the fact that the mechanical force of diffusion liberates the carbonic acid *existing as such*? Recent experiments of Mulder, as reported by Dr. Golding Bird, (see New York Jour. of Med., vol. IV, p. 409,) refer, with much reason, and in consistency with facts established by Scherer and Hewson, the change from the venous to the arterial hue, to the mechanical effect of various circumstances in modifying the reflective and refractive power of the fluids, with regard to light. In the work before us, no reference is to be found to Mulder's researches, which we think fatal to a large portion of the theory.

As regards the existence, assumed by Dr. Spencer, of the triple compound of carbon, hydrogen, and oxygen, in venous blood, we have only to say, that this is not proven by analysis, and as regards the coloring matter, it is distinctly proven, that it contains no more carbon in venous than in arterial blood.

The portion of the work discussing the agency of the compounds of iron in the function of hæmotosis, must yield, if we give any credit to the recent investigations of Mulder, (*loc. cit.*) proving that iron exists in hæmotosine in the *metallic state*. This he proves by the fact, not before hinted at, that upon the digestion of blood globules with sulphuric acid, hydrogen escapes, which could not occur, if the iron existed combined. And by the same analysis it is shown, that the iron is *unessential to the red color of blood corpuscles*. It is but justice to our author to add, that to the best of our knowledge, the investigations last referred to, had not been published in this country, at the time of the issue of his work. As our object, however, and that of our author, is to find the truth, we have thought proper to present these, as worthy of consideration, in connection with his views.

We may notice in passing, a misunderstanding of a chemical principle quoted from Liebig, and to be found on page 58. The principle is, that "carbonate of protoxide of iron, in contact with water and oxygen, is decomposed; all the carbonic acid is given off, and by absorption of oxygen it passes into the hydrated peroxide." In making use of this fact, the author remarks: "The blood always contains *water*. The carbonic acid itself contains *oxygen*, and these two conditions of the

law quoted (the presence of water and oxygen) existing, the carbonate of the protoxide of iron would be resolved into the hydrated peroxide, and the carbonic acid set free to combine in a new form." Every chemist will perceive that the author has entirely mistaken the law, it being absolutely essential to the reaction, that the oxygen itself be *free from all combination*. That carbonic acid will yield its own oxygen, to decompose one of its own compounds, is a chemical absurdity. Yet the establishment of the reaction quoted, is a most important link in the author's "circle of vital affinities," which indeed cannot be established without it. The author, on page 64, causes the reverse operation to occur in the lungs, when the conditions of the same law are actually present, *free* oxygen being supplied by inspiration.

Chapters VII and VIII discuss the chemico-vital relations of the pulmonic and gastric functions, and the chemico-vital connection of Digestion, Hepatic Secretion, Calorification, and Nutrition. They exhibit evidence of much reading and reflection, as well as ingenuity in connecting the various links of the chain of reactions. They are we think, subject to some objections, which we will state as briefly as possible. Chloride of soda, according to the author, is decomposed in the capillaries of the stomach, by a process analagous to galvanic action. The hydrochloric acid is secreted for the gastric juice, while the soda passes, one portion into the blood, to give it its alkaline reaction, another portion to the liver, to be used in the secretion of bile. A part of the hydrochloric acid is used to form sesquichloride of iron, which is supposed to pass by the lacteals into the blood, and on to the lungs, where it is decomposed by the free soda of the blood, forming common salt, and hydrated sesquioxide of iron. The author does not inform us why the chemical reaction, between the sesquichloride and the soda, does not take place in the subclavian vein, where the chyle reaches the blood, and what peculiar force compels it to wait for its reaction until it reaches the pulmonic capillaries. Again, the soda which passes to the liver, goes with the bile to the duodenum, there it finds albumen, which it dissolves, and passing into the lacteals, is carried into the blood. How, we would ask, can it pass through the lacteals, which are also made to carry the sesquichloride of iron, without the reaction taking place which would form



common salt and sesquioxide of iron. In the next place, the hydrochloric acid of the gastric fluid, is made the solvent of fibrine and caseine, which solution also passes into the lacteals, through the usual route to the mass of the blood, and so on to the "systemic capillaries," where it meets with soda holding albumen in solution, common salt is produced, and the albumen, fibrine, and caseine are dropped for the purposes of nutrition. This is an exceedingly ingenious solution of the problem of nutrition, but we cannot see, and are not informed by the author, by what force the usual chemical reaction, between the hydrochloric acid and the soda, is arrested until it reaches the systemic capillaries. Why does it not occur in the intestinal canal, when the soda of the bile, and the acid of the chyme are brought together? 2d. Why does it not occur when they commingle in the lacteals? And 3d, Why not in the mass of the blood? The presumption of the author is, evidently, that this chemico-vital change can only occur in the two systems of capillaries. Yet he does not give adequate reasons for the hypothesis, merely implying it by his results.

In our remarks we have endeavored to do justice, both to the author, and to the cause of truth and science. We were not only willing, but desirous, to find in Dr. Spencer's work, a new and satisfactory solution of the problem he professes to elucidate; and regret that to notice the work, compels us to notice some discrepancy with established facts, and true chemical principles. This is due to the fact, that *experimental* chemistry has not, as Dr. S. acknowledges, been to a great extent the subject of his studies. In chemical research, speculation is not admissible. Careful experiment is requisite at every step. To assume one point, not confirmed by the most strict analytical proofs, is sufficient to admit doubts, if not to justify the rejection of the whole. Much arduous labor in reading and reflection, will, we fear, be lost upon the work under review, for the want of experimental confirmation. Much credit is due to the author for the originality of some of his views, and the industry and ability evinced in amassing the facts, and conducting the reasoning to its conclusion. It is only the failure to establish certain steps, and occasional misapprehension and oversight, that set aside the results.

We hope the investigation will be continued; for if failing ultimately in establishing the desired solution, it cannot fail to elucidate the subject to a greater or less extent, and incite experimental inquiry in others.—ED.

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## BIBLIOGRAPHICAL NOTICES.

*Mental Maladies. A Treatise on Insanity.* By E. ESQUIROL, Physician-in-Chief of the Maison Royale des Aliénés de Charenton, &c. Translated from the French, with additions, by E. K. Hunt, M. D. Philadelphia: Lea & Blanchard, 1845. pp. 496. (From the publishers.)

The author's name is sufficient, alone, to recommend this work to the profession, and it is scarcely necessary to do more therefore, than simply announce an American edition of it. We may add that the style is lively and pleasing in the extreme, the descriptions vivid and faithful, the views for the most part just and broad, and it is pervaded at once by a spirit of philanthropy and love of the subject treated, which renders it a most interesting book even to the general reader. The *Journal of Insanity*, a competent authority, pronounces this the best of all the works that have appeared upon these diseases.

The principle of classification adopted is that of the ancients, dividing all mental diseases into five classes, viz: 1. Lypemania (Melancholy); 2. Monomania; 3. Mania; 4. Dementia; 5. Idiocy. It is known that other classifications have lately been recommended, particularly that which is based upon the different classes of faculties, as of perception, intellect; sentiment, &c., but this has not as yet been found so valuable as the former in its practical application to the treatment of the insane, whatever may be the merits of its principles considered abstractly.

It may be interesting to our readers to know what so eminent an observer as Esquirol thought of the pathology of Insanity, and of the functions of the different parts of the brain. In reference to the latter point the following quotation is offered:—"All the labor that has been expended on the anatomy of the brain, has produced no other result than a more exact description of this organ, and the despairing certainty of our



being forever unable to assign to its parts, the uses from whence we may derive information, with reference to the exercise of the thinking faculty, whether in health or disease." It is only one who knows well, both the history of our knowledge of the brain, as well as the present state of it, who can appreciate the grounds on which the above opinion rests; which, however, we trust, is yet less encouraging than the facts would justify.

In regard to the former, the pathology of insanity, we offer the following more extended extract :

1. Vices of conformation in the cranium, are met with, only among imbeciles, idiots, and cretins.

2. Organic lesions of the encephalon and its envelopes, have been observed only among those whose insanity was complicated with paralysis, convulsions and epilepsy; or rather, these lesions appertain to the malady which has caused the death of the patients.

3. The sanguine or serous effusions; the injections, or infiltrations, which we meet with in the cranial cavity; the thickening of the meninges; their adhesions among themselves, with the cranium and the gray substance; the partial or general softening of the brain; the density of this organ; the fibrous, knotty, and cancerous tumors, observed within the cranium; all these alterations indicate either the causes or effects of insanity; or rather the effects of a complication to which the patients have yielded.

4. The alterations within the thorax, abdomen and pelvic cavity, are evidently independent of insanity. These alterations may, nevertheless, indicate the source of mental alienation, by showing the organ primitively affected, which has reacted upon the brain.

5. All the organic lesions observed among the insane, are found to exist among those, who have never suffered from chronic delirium.

6. Many post-mortem examinations of the insane, have revealed no alteration, although the insanity may have persisted for a great number of years.

7. Pathological anatomy, shows us every part of the encephalon, altered, in a state of suppuration, and destroyed, without chronic lesion of the understanding.

8. From the above data, we may conclude, that there are cases of insanity, whose immediate cause escapes our means of investigation; that insanity depends upon an unknown modification of the brain; that it has not always its point of departure in the brain, but rather in the foci of sensibility, situated in different regions of the body; as disorders of the circulation do not always depend upon lesions of the heart, but upon those of some other portion of the vascular system.

• The plan of treatment recommended is "isolation," or the removal of the patient from all ordinary scenes and associations, together with such medical treatment as each case may require. If we duly consider the influence of surrounding circumstances upon the mind, that they mould the character, and in certain cases, as in solitary confinement, efface the intellectual and moral faculties, we shall be prepared to understand the effect with which they are employed in the treatment of these diseases. While recoveries are comparatively rare among those treated at their own houses, or in private houses, one-half of those sent to well regulated retreats, are cured. We will add, in conclusion, that a portion, only, of the work of Esquirol has been translated by Dr. Hunt. All that part which relates to the statistics and hygiene of establishments for the insane, and the medico-legal relations of the subject, has been omitted.

D. B.

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## MEDICAL INTELLIGENCE.

**MEDICAL SCHOOLS.**—We have before us the announcements and catalogues of the following medical schools:

*Jefferson Medical College, Philadelphia.* This excellent institution, at its last session, numbered 409 students, and 117 graduates. The annual announcement gives a list of the medical and surgical cases brought before the class during the last session, and by its number and variety, sustains the high reputation of Philadelphia for advantages of clinical instruction. The industry and talent of the Faculty of this institution, have each year approximated more closely the number of their students to that of the oldest institution in the country—the University of Pennsylvania.

*College of Physicians and Surgeons of the City of New York.* The class of last winter, in this institution, numbered 193. Three courses of lectures are annually announced, extending the whole period of public instruction in the College, to eight months. The fall course, by Profs. Smith, Watts, Parker, and Gilman, is free for matriculants to the winter course. It commences on the first Monday of October, and continues during the month. The winter course, as usual, embraces the four months from November 3d to March 1st. The spring course is given in the college, by an association of gentlemen, most of whom are connected with the different public medical institutions in the city. It commences about the middle of March, and continues until June 1st.



*Harvard University Medical Department*, Boston. The class of last year numbered 157. The winter session commences on the first Wednesday of November, and continues four months. A resolution of the medical faculty, defines their relations with other schools as follows :

“That hereafter two full courses of lectures in this school, be required of candidates for the degree of Doctor of Medicine. But for one of these courses, a substitute may be received, in a course of lectures at any other medical institution, in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.”

*Albany Medical College*. The catalogue of students embraces 112 names ; of graduates, 22. The means of clinical instruction in this institution, as shown by the report of cases and operations before the last class, appear to be ample. The next course commences on the first Tuesday of October, and continues sixteen weeks.

*Medical College of Ohio*, Cincinnati. Notwithstanding the number of rival medical institutions in Ohio, the class at Cincinnati numbered 210, of which 145 were from Ohio. This speaks well for the popularity of the college in its own State. The number of graduates was 47.

*Medical Institute at Louisville*. The class of 1844 and '45 exceeds that of any previous class, not only in this institution, but of any other medical school in the Valley of the Mississippi, numbering 286. The ensuing session commences Nov. 3d, and continues four months. There is also a summer school of medicine connected with the Institute, commencing March 17th, and continuing until the last of October, with a recess during the months of July and August. The Marine Hospital at Louisville affords opportunities of clinical instruction.

*Medical College of South Carolina*.—The class in attendance at the last session, embraced 186. Number of graduates, 74. Clinical instruction is furnished by a hospital attached to the college. The coming session commences on the second Monday of November, and closes on the first Saturday of March.

*Medical College of Louisiana*. Number of students, 93 ; of graduates, 15. Session commences on the third Monday of November, and continues four months. This institution has been adopted, under the new constitution of the State Convention, as the Medical Department of the University of La.

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*Appointments*.—THOMAS RUSH SPENCER, M.D., son of Prof. Spencer, of the Geneva Medical College, has been elected Professor of *Materia Medica* in Willoughby University, and,

we are informed, has accepted the appointment. The Willoughby school is fortunate in having secured the services of Dr. Spencer, who has already recommended himself as a teacher of ability, as adjunct Prof. of Pathology and Materia Medica, in Geneva Medical College.

JOHN McLEAN, M. D., Prof. of Materia Medica and Therapeutics, in the Rush Medical College, has received the appointment of Prof. of Chemistry, Botany, and Physiology, in the Michigan Central College, a classical school fast rising into notice. Dr. McLean's new appointment will not interfere with his duties in the Medical College at Chicago.

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The following article is one of much interest to practitioners in miasmatic regions. It is to them of the highest importance to have in their possession a substitute for the salts of quinia. Should the supply, by any accident of war, or otherwise, be cut off, deplorable indeed would be the result. Various species of the willow and poplar, containing salicine, are to be found in almost all sections of our country, and should it be discovered to possess the anti-periodic and febrifuge properties of quinia, the supply could not fail. Every physician should supply himself with salicine, and as opportunity affords, test its virtues. We would be happy to publish the results of such observations, in conducting and preparing the report of which, the circular of the Surgeon General may be taken as the guide.

*Salicine—the Surgeon General's circular.*—It redounds to the general reputation and to the high medical character of our country, that the highest medical officer in the Government is distinguished for his zeal in the profession for which he was educated. In the following circular, issued by him, an ardent desire is manifested for determining an important question; and to accomplish this object, there is a minuteness of detail required in the returns to be made at Washington, which must yield the most satisfactory results. We shall be happy to publish these results, whenever attainable. The following is the circular, signed by Thomas Lawson, Surg. Gen.:

“Sir,—The Medical Purveyor at New York has been directed to issue to those Military Posts, at which miasmatic diseases are of frequent occurrence, a supply of *salicine* (the active principle of the bark of the common *willow*)—a medicine which has been recommended by high authorities for its *febrifuge* and *anti-periodic* virtues.

“Inasmuch as the supply of the *sulphate of quinine* is, at best, precarious, and as, moreover, it may be diminished, at any time, by an interruption of our commercial relations with



foreign nations, it becomes the duty of officers of the Government who are intrusted with the health of those engaged in the public service, to use their best endeavors to provide a substitute for a remedy so highly valued, and so universally employed.

“I have therefore deemed it advisable to submit the salicine to trial on a large scale, with a view of ascertaining to what extent it may be relied upon as a substitute for the sulphate of quinine, in a case of emergency, and accordingly I have to request that you will institute a fair and impartial trial of its remedial powers, in your practice, in all cases of miasmatic disease in which the administration of quinine may not be indispensably requisite—and in such other cases as you may think proper.

“You will forward to this office a special report of your observations on the subject, on or before the expiration of the current year, noticing particularly the following points:—

“1. The doses in which you have employed salicine—with their effects.

“2. The diseases, and conditions of the system, in which it has been administered—and with what effect.

“3. Whether you have found it more, or less, liable to irritate the stomach, than sulphate of quinine.

“4. Any bad consequences you may have observed to follow its employment, attributable to the medicine.

“5. Any combinations you may have found to affect its activity; and what preparation of the system you have found necessary before its exhibition.

“6. Your opinion of its *modus operandi*.

“7. Its value as a remedy, as compared with sulphate of quinine, and other medicines of similar properties.

“8. Brief and concise notes of cases in which it has been employed in your practice—as numerous as practicable.

“It is proper to add, that as the profession at large will, doubtless, be interested in the results of these observations, they will probably be given to the public, in such form as will be most creditable to the observers.”—*Bost. Med. Jour.*

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## PRACTICAL MEDICINE, &c.

*Neuralgia—Introduction of Medicated Fluid to the Nerve.*—By Mr. RYND,—Reported by Mr. Richard Gregory.—Margaret Cox, ætat 59, of spare habit, was admitted into hospital, May 18, 1844, complaining of acute pain over the entire of left side of face particularly in the supra-orbital region, shooting into the eye, along the branches of the portio dura in the cheek, along the gums of both upper and lower jaw, much increased in this situation by shutting the mouth and pressing

her teeth close together, and occasionally darting to the opposite side of the face, and to the top and back of her head. She states that about six years ago she fell from a wall, and in the act of falling, a stone struck her in the temple; that twelve months after this she was much exposed to cold, and one night was suddenly seized with the most agonizing pain in the situations above described. "She thought her eye was being torn out of her head," and her cheek from her face; it lasted about two hours, and then suddenly disappeared on taking a mouthful of ice. She had not had any return for three months, when it came back even worse than before, quite suddenly, one night, on going out of a warm room into the cold air. On this attack, she was seized with chilliness, shivering, and slight nausea; the left eye lachrymated profusely, and became red with pain; it went in darts through her whole head, face and mouth, and the paroxysm lasted for three weeks, during which time she never slept. She was bled and blistered, and took opium for it, but without relief. It continued coming at irregular intervals, but each time generally more intense in character, until at last, weary of existence, she came to Dublin for relief.

She had been salivated three times, and had been so much in the habit of taking laudanum, that latterly half a drachm, three times in the day, had no effect in lulling the pain, and was the quantity she commonly took. She was a miserable, sallow-complexioned looking creature, had been sleepless for months, and her face was furrowed with constant pain.

On the 3d of June, a solution of 15 grains of acetate of morphia, dissolved in one drachm of creosote, was introduced to the supra-orbital nerve, and along the course of the temporal, malar, and buccal nerves, by four punctures of an instrument made for the purpose. In the space of a minute all pain (except that caused by the operation, which was very slight,) had ceased, and she slept better that night than she had done for months. After the interval of a week she had slight return of pain in the gums of both upper and under jaw. The fluid was again introduced by two punctures made in the gum of each jaw, and the pain disappeared. After this the pain did not recur, and she was detained in hospital for some weeks, during which time her health improved, her sleep was restored, and she became quite a happy looking person. She left the hospital on the 1st of August in high spirits, and promised to return if she ever felt the slightest pain again. We conclude she continues well, for we have not heard from her since.

CASE II.—R. Dolon, ætat. 28, a thin spare man, of middle stature, was admitted into hospital 9th September, 1844, and came under Mr. Rynd's care on the 10th of November, complaining of acute pain in the right hip, thigh and leg, to the



sole of the foot, along the entire course of the sciatic nerve and its branches, but chiefly in the main trunk of the nerve. He is unable to sleep, from the pain, and quite unable to walk. He is much emaciated, and the muscles of the limb are attenuated and wasted. He has been ill for three years, during which time he has been almost always confined to bed. He has been frequently treated for the disease with calomel, to produce salivation, cupping, blistering, leeching, &c., all without any salutary effect. Exposure to cold and wet is assigned as the cause of the disease.

On the 13th of November the fluid was introduced, ten grs. acetate morphiæ to the drachm of creosote, one puncture behind the trochanter, and one half-way down the thigh. He was instantly relieved from pain, and walked steadily through the ward without any pain or difficulty; before, walking increased the pain. For about half an hour after the operation he felt uneasiness from the puncture.

16th. Says he is perfectly well in the thigh, and feels only a slight pain in the course of the anterior tibial nerve. The fluid was again introduced to-day to the seat of pain by two punctures; it disappeared as before.

29th. Says he is perfectly well; has walked every day since; has slight stiffness in the knee from previous want of use.

Ordered: Camphorated oil to rub the knee with.

December 15th. Left hospital to-day, saying he felt perfectly free from all pain and uneasiness.

February 6th. He walked up to Dublin to-day (20 miles), and says that since the last operation, on the 16th November, he has never felt his old pain, and is perfectly well.—*Dublin Med. Press*, in *Bulletin of Med. Science*.

The success of the same treatment is corroborated by a letter, directed to the Dublin Med. Press, and signed Arthur Guinness. Dr. Guinness used, for the introduction of the medicine, “a common lancet armed with morphine, mixed in a little water, about the consistence of paste, and operated precisely as is done in vaccinating an infant.” With this he made several small punctures along the course of the nerve affected. In two cases, which he recites, he did not use creosote with the morphine, yet his success was perfect. In a subsequent case of neuralgia in the foot and leg, he used creosote *without morphine*, and this time also with success. This would seem to us to indicate that the *modus operandi* was by counter-irritation, or otherwise we must believe that creosote, thus applied, is possessed of anodyne properties.

*Chemical Analysis of Rhubarb or Pie-plant.*—Communicated for the *Buff. Med. Jour.* by Lieut. E. R. LONG, M.D., U. S. A. DR. FLINT,—Dear Sir: In the first number of your journal, you notice a case of supposed poisoning from the Pie-plant, and request an analysis of the same, to determine the proportion of Oxalic Acid that enters into its composition, as this is presumed to be its deleterious principle.

I have submitted this vegetable to the process given below, and as the results in two experiments were the same, it is thought to be sufficiently accurate for all practical purposes.

Process:—Take  $\frac{1}{4}$  lb. of the stalks (petioles) of the plant, reduce them to a pulp on a grater; add a pint of rain water; then bi-carb Potass. 3ij to separate the free Oxalic Acid from the other elements of the vegetable. Pass the liquor through a coarse filter, to remove the vegetable fibre and other insoluble ingredients. To the solution add mur. lime q. s. to precipitate the Oxalic Acid in the form of an insoluble Oxalate of Lime; collect this on a paper filter and dry it. We thus obtain all the free acid in the plant. To extract the portion which is in combination with lime, treat the residue found in the first filter with nitric acid; add bi-carb. Potass. and filter through paper as before; collect the matter on the filter and dry it. This is also Oxalate of Lime, soluble in Nitric Acid, and insoluble in vinegar, or acetic acid; subjecting these two portions of Oxalate of Lime to a red heat, it will be converted into carb. of lime, weight gr. 10. This gives sufficient data to ascertain the proportion of Oxalic Acid. For as Carb. lime consists of Ca. O. plus C. O<sub>2</sub>, 28,5—1 eq. base plus 22,12 1 eq. acid=50,62 eq., we have 28,5 parts of lime, in 50,62 parts of the Carb. There being 10 gr. of the latter, of course there will be 5,3 gr. of the former; for Oxalate of lime is composed of Ca. O. 28,5 plus C<sub>2</sub> O<sub>3</sub> 36, plus 2 aq. 18=87,74, eq. From which we see that the lime is to the Oxalic acid in the ratio of 28,5 36. Hence, as the combining equivalents of the lime, in the Carb. and Oxalate are the same, if we have 5,3 gr. of lime, there will be 6 4-10 gr. of the Oxalic acid. This gives 24 3-5 gr. of the acid to 1 lb (avoirdupois) of the plant.

In the latter part of the above process we observe a beautiful exhibition of elective affinity. When the Nitric acid is added, the lime lets go the Oxalic acid and unites with the Nitric; but upon the addition of the Bi. Carb. Potass. the Nitric acid having a stronger affinity for the alkali than for the lime, gives up the latter and unites by preference to the former; when the Oxalic acid again reunites to the lime, to the exclusion of the Carb. acid, which is also present in a nascent state;—the most favorable for chemical union.

It was also remarked that the Oxalate of lime before it was exposed to heat, weighed 16 gr. and the Carb. produced 10



gr.; the eq. of the Oxalate being 82,74, and the eq. of the Carb. 50,62; it will appear that the equivalents and the weights are in the same ratio. This confirms the theory of the composition of the Oxalic acid, i. e. C. O. plus C. O<sub>2</sub>; for the Oxalate losing one eq. of C. O. (14.) and two eq. of water (18); total loss 32: this deducted from its eq. 82,74 leave 50,74, the equivalent (nearly) of the Carb.

If the above analysis be correct it seems that the small bundles of the Pie-plant found in market, weighing about 1 lb., contain a little more than ʒj. of the acid. Now the question of practical importance is, whether any danger is to be apprehended from its use as an article of diet. The minimum fatal dose of the Crystallized acid on record in Standard Works, is ʒss; but it would doubtless be unsafe to take a much smaller dose than this of the acid in a free state. Yet as the dilute acid is regarded and used as a safe refrigerant in fevers, and as a portion of it in the Pie-plant exists in combination with lime and is therefore inert, it would hardly seem probable that any deleterious effects would result from the ordinary use of the plant.

It may not be amiss to remark, that in a case of suspected poisoning from this acid, the proper antidote is Carbonate of lime, or Carb. of Magnesia, as these will form insoluble Salts with the acid.—The alkalies form soluble Oxalates possessing poisonous properties.

I will add that in one of the above experiments the Petioles or Stalks, were used; in the other, both the stalk and leaf, without any appreciable difference in the result.

Yours, truly,

June 5th, 1845.

E. R. LONG.

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*On the Frequent Spontaneous Cure of Pulmonary Consumption, and the Indications furnished by Pathology for its Rational Treatment.*—Dr. J. Hughes Bennett states, that of seventy-three bodies he has examined since last November, he found puckerings or concretions in the lungs in twenty-eight. They were combined with induration alone in twelve, with cretaceous or calcareous secretions in sixteen. They occurred in the right lung seven times, in the left lung twice, and in both lungs nineteen times. He thinks that these observations, conjoined with those of Roger and Boudet, serve to establish that the spontaneous cure of pulmonary tubercle occurs in the proportion of from one-third to one-half of all the individuals who die after the age of forty. Dr. Bennett observes, that as empirical means for accomplishing a cure have notoriously failed, perhaps a study of the method in which nature operates may be more successful. There seems no reason why cavities in the lungs should not heal with the same frequency as ulcerations

or abscesses in other internal organs, if the further deposition of tubercle could be arrested. This is only to be accomplished by overcoming the pathological conditions on which the deposition of tubercle depends. These are—first, a morbid state of the blood, the result of imperfect nutrition; secondly, local inflammation, by means of which an unhealthy exudation is poured out, which assumes the form of tubercular or scrofulous matter. The indications for treatment, are—1st, To overcome the dyspepsia and acidity of the alimentary canal; 2d, To furnish material necessary for the formation of a healthy chyme; and 3d, To combat the local inflammation. The dyspepsia and vomiting are often to be alleviated by naphtha. He attributes the good effects of this remedy to its power of allaying the irritability of the stomach, and thus enabling the patient to take nourishment. In following the second indication, he now, after four years employment of it in private, as well as in dispensary and hospital practice, strongly recommends cod-liver oil as a most valuable remedy.—*Edinburgh Med. & Surg. Jour.* in *Bost. Med. & Surg. Jour.*

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*Adulteration of Saffron.*—J. Muller recommends concentrated sulphuric acid as the most certain test for saffron, for it immediately turns the color of pure saffron to indigo blue, (it however soon changes to dark red and brown.) The leaves of *crocus vernus*, which form the most frequent adulteration, are colored of a dark green by sulphuric acid.—*Archiv. der Phar.* in *Bost. Med. & Surg. Jour.*

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#### CORRECTION.

We have received from Prof. Hamilton, a letter in relation to our remarks on the trial for malpractice, (Timms *v.* White,) in the July number of this journal. In the report of that trial published in the "Buffalo Pilot," Dr. Hamilton is made to say, that he never succeeded in making a fractured limb of the same length as a well one; whereas, the words he used were—"I have never succeeded in an *oblique* of the *thigh*, occurring in an *adult*, to make the limb of the same length as before the fracture."

We would also correct a misprint in our notice of that trial. Instead of saying that the straight apparatus is preferable in fractures occurring near the extremities of the femur, it should be near the middle of that bone. We learn also, by the letter, that such is the opinion of Prof. Hamilton.                     D. B.

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*Erratum.*—On page 49 of our last number, (July,) for "*omplias conspiciantur*" read "*amplias conspiciantur*."



# ILLINOIS MEDICAL & SURGICAL JOURNAL.

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*Anemia.* By JOHN MCLEAN, Professor of Materia Medica and Therapeutics in the Rush Medical College.

(Continued from page 79.)

*Causes continued.—Why the periods of Gestation and Lactation are more particularly subject to Anemia.—Case of Mrs. S., and Post Mortem Examination.—Treatment.*

WHEN subjected to the malarious influence, if a periodical disease is not clearly developed, there may be produced such symptoms as anorexia, indigestion, foul tongue, increased frequency of the pulse, with a sense of languor, and general debility; erratic pains in different parts of the body, aching about the joints, and a variable sensation of temperature. And if the true cause of the difficulty is overlooked, it may exist, operate upon and undermine for a long time the powers of the constitution.

The greater frequency of *anemia* in western localities, than in the older settled portions of our country, cannot be owing to innutritious or scanty food, open or badly constructed dwellings, or western hardships; for it is also more frequent among that class who are not subjected to any of these causes. Therefore, I think, the most probable cause that we can assign for its greater prevalence in such localities, is the operation of that agent, which is more particularly confined to new countries, viz: *marsh miasmata*.

Why is anemia principally confined to females during the periods of gestation and lactation?

From my own observation, and from information obtained from others who have had extensive experience in malarious districts, I am led to believe, that in the above conditions, the malarious agent is less marked by its peculiarity of producing periodical dis-

eases. And if this be so, may not the true cause of the existing difficulty be oftener overlooked than it otherwise would be, and the system left to suffer under its deleterious influence? I am aware that many differ from the opinion here expressed, and think the periodical character of the diseased action is less evident.

But still further, the large demands made of the system for the growth of the fœtus during gestation; and afterwards, the daily and almost constant waste that is made upon the essential elementary constituents of the blood, by the abstraction of the milk for the nourishment of the infant, are causes well calculated, in the feeble and sickly, to hasten on the state of *anemia*. There is a close resemblance between the composition of milk and blood. Milk, in its composition, is more nearly allied to blood than any of the secreted fluids. The following table from "Carpenter's Human Physiology," will show the parallelism of their several ingredients:

	<i>Blood.</i>	<i>Milk.</i>	
Coagu- lum.	{ Fibrine, Red particles.	Caseine, Butyraceous matter,	} Cream.
Serum.	{ Albumen, Alcoholic Extractive, viz: Lactates, Aqueous Extractive, Albuminate of Soda, Alkaline Salts, Fatty matter,	Caseine, Alcoholic Extractive, viz: Lactates and Lactic Acid, Aqueous Extractive with Sugar of milk, Alkaline Salts, Fatty matter,	
			} Skim milk.

The chief proximate animal matters have nearly the same composition, and may be regarded as definite compounds with proteine. Phosphorous and sulphur in proportions slightly varying, combined with proteine form fibrine, albumen and caseine.

The following ultimate analysis was lately executed in the Laboratory of Liebig, and exhibits the elements of fibrine and albumen, proximate principles of blood; and of caseine a proximate principle of milk.

	BLOOD.		MILK.
	<i>Fibrine.</i>	<i>Albumen.</i>	<i>Caseine.</i>
Carbon,	54.56	54.84	54.96
Nitrogen,	15.72	15.83	15.80
Hydrogen,	6.90	7.09	7.15
Oxygen,	{ 22.82	22.24	22.09
Phosphorous,			
Sulphur,			
	100.00	100.00	100.00

The correspondence between the red particles and the butyraceous matter is less evident; but there are some points of resem-



blance between them. The saline matters contained in milk and blood are nearly identical. There is perhaps a greater proportion of the phosphates of lime and magnesia in the former than in the latter. The correspondence between the rest of the table is perfectly evident, and needs no comments. Now it is easy to conceive why such females should become anemic, as have for a long time been subject to the slow poison of marsh miasmata, and feeble health; and in addition to this, whose sanguine humor is drawn largely upon for the supply of the foetus, and afterwards, during the period of lactation, by that fluid, which so much resembles the blood in its composition.

*Case of Mrs. S.*—I do not give this because it had any striking peculiarities, but because it was a well marked case of the kind, and one in which I was privileged with a *post mortem* examination. Mrs. S., sometime in the spring or early part of the summer of 1843, removed from the State of Vermont to the Territory of Wisconsin, where she resided about four months. Thence she removed to this place, (Jackson, Mich.) About the middle of January, 1844, she was delivered of her second, a healthy child. She was naturally of a rather delicate constitution; and at this time was pale and feeble; and for some weeks after her confinement was under medical treatment. Her child, she continued to nurse until about the 1st of April. About the middle of April, I was called to see her and found her in the following condition: the prolabia, instead of a florid hue, were pale and presented almost a bloodless appearance. The tongue and inside of the mouth (except in the vicinity of ulcers) wore nearly the same aspect. The face was extremely white, and seemed as if entirely destitute of red blood. On the tongue and inside of the cheeks were small and irritable ulcers. These first made their appearance about one week after the birth of her child. She had a diarræa which would leave her, and return at irregular intervals. Indigestion was quite a troublesome symptom, and at times the irritability of the stomach was quite great. For the most part there was anorexia; but at times there was considerable appetite; but food of almost any kind was apt to create unpleasant symptoms. For a time she had an irritative cough, which at nights was peculiarly distressing. She was extremely weak and irritable, and was much of the time confined to the bed. Pulse 130 a minute—small and feeble. After visiting her some four or five times, I discovered that she was better and worse on alternate

days. These variations were very slight, and she never had any greater symptoms of intermittent than this. About 6 grs. of quinia, in divided doses, were now administered daily. Under the use of this, the periodical symptom soon gave way and she appeared much better. After a few days the quinia created so much irritation of the stomach that it could not be taken. It was now administered in smaller doses, and with sulphate of morphia, to allay the irritability; but unless greatly under the influence of morphia, the irritation it produced was so great, that its use could not be continued. The quinia was now withheld and other tonics resorted to; among which were some of the preparations of iron; but not being attended with any benefit, they were likewise withdrawn. Stimulants were also tried but the effect was unfavorable. Notwithstanding the free use of morphia, she had frequent spells of vomiting which greatly reduced her strength, and at times were very distressing. Both in diet and medicine, the greatest care was necessary not to allow anything that would hasten on, or aggravate this distressing symptom. The local applications to the ulcers in the mouth were such as are usual in such cases. The *commercial ferrocyanate of iron* was now administered in doses of 4 grs. each,—three times daily. This, instead of creating irritation, greatly allayed it—so much so, that the morphia which was taken to allay the irritability, was now almost entirely left off. Under the use of this, a highly nitrogenized diet and occasional slight laxatives, she improved beyond my anticipations. After being under this course two weeks, the pulse became reduced to 110, the appetite and strength were improved, the diarrhœa lessened, and the cough much better. On the 14th of May, she changed her boarding place, for another, forty or fifty rods distant. The fatigue attending this change operated rather unfavorably; but notwithstanding, she appeared better than previous to the use of the quinia and ferrocyanate of iron. On the 25th day of May, she walked down a pair of stairs, and to a carriage, in front of the house, and rode a distance of one mile and a half. The fatigue produced by this was great. She now continued to fail daily. In three or four days time she was confined to her bed. The feet became œdematous; the eyelids and face swollen, and the ulcers large and fetid. Extreme exhaustion was now present, and she gradually sunk away, and died on the 8th of June.

*Post mortem Appearances.*—The organs within the thorax were first examined, but they presented no abnormal appearances except



their almost bloodless condition. On dividing some of the large vessels, the fluid which escaped presented the appearance of but slightly colored serum. On opening the heart, it was found entirely destitute of any coagula. In short, the coloring matter and fibrine of the blood were almost entirely absent. The internal surfaces of the *stomach, duodenum, jejunum, ileum, and colon* were next examined, but no organic disease could be found; the only unnatural appearance presenting itself being that of a pale and bloodless condition. The *liver, spleen, and uterus* were also free from any organic disease; but their anemic appearance corresponded with that of the general system. Both internally and externally, bloodlessness and paleness were most conspicuously marked. The *post mortem* appearances gave us no positive light on the true cause of *anemia*; but it gave this negative evidence, that it was not owing to any perceptible altered organic structure.

*Treatment.*—From what has already been said, the plan of treatment about to be recommended, can be anticipated. The first object should be to remove, as far as possible, all known existing causes. If living in a *malarious* district, the patient should, if practicable, change it for a more salubrious locality. If lactation is kept up, it should immediately be discontinued; for while a large healthy child is daily drawing support from the little remaining stock of blood, the cure is much delayed, if not entirely prevented. If the mode of living is bad and the diet poor, they should be exchanged for better. There is a forming stage when the anemic symptoms are not very distinctly marked. This period should be closely watched; for it is the most favorable time to arrest the progress of the disease. If the attending symptoms of this stage are such as to induce the belief that the patient is laboring under the influence of the malarious poison, the treatment should be accordingly. If there is a feverish state of the system, anorexia, foul tongue, and biliary derangement, some mercurial preparation should be given to correct the secretions. The quantity to be used, and how combined with other articles, and the time of its continuance, should be judged of by the symptoms present and the effects produced. After this, or even in connexion with it, sulphate of quinia should be given, if there are no symptoms present to forbid its use. At first, for a few days, it may be given quite freely; afterwards in smaller and less often repeated doses; say 1 gr. morning, noon, and evening. In some cases I have given the quinia without any preparatory treatment,

and with a happy effect. I have lately administered it in a few incipient cases, and the benefit derived was prompt and decisive. In recent conversation with a highly respectable physician, I was informed that he had used this article in cases of this kind with marked benefit; that he had given it merely for its tonic properties, without any regard to its specific operation upon the malarious poison; and that upon reflection, he recollected of having used it with decided advantage, where other tonics were useless or even injurious.

Some of the ferruginous preparations may be given, alternately, with the quinia, and even continued for some time after the latter is withheld. In those cases attended with much irritability, the ferrocyanate of iron will be found to be a valuable preparation. If the commercial *ferrocyanate* is used, it should be administered in doses of from 3 to 6 grs., three times a day. The dose of the pure article should be smaller. I will here make the suggestion, that in the state of great irritability of the digestive organs, already referred to, the combination of small doses of quinia with the ferrocyanate of iron might be used with advantage: and I regret that, after having twice failed in the use of quinia, in the case of Mrs. S., I did not make another attempt with this ferruginous preparation, which, for a time she seemed to have taken with a happy effect.

I have used, in many cases, a pill composed of equal parts of gum aloes, rad. podophyllum peltatum, and rad. sanguinaria canadensis. A sufficient quantity of these, given every evening, to procure moderate evacuation from the bowels, on the following day, I have found to do much towards arresting the diarrhœa, and creating a more healthy action of the digestive organs. If the diarrhœa is excessive, and disposed to continue, it may be checked by act. lead and opium; but until there is a more healthy action of the general system, but especially of the digestive organs, it is likely soon to return. Many local applications have been used for the ulcers in the mouth. When the ulcers are irritable and painful, I have derived much benefit from adding a few drops of the tincture of croasote to a small quantity of water, and directing this to be held a short time in the mouth. The nitrate of silver makes a good wash, and I generally prefer it to the many others which have been used. However, applications of this kind afford but temporary relief, until there is brought about a more healthy action of the general system. The diet



should be light and nutritious, and composed principally of such articles as contain a large proportion of *nitrogen*.

This article might be extended to a much greater length; but if what has already been said, will be the means of directing the attention of the profession more to this disease, and of inducing them to give the result of their observation, my object will be fully attained.

Jackson, Mich., August, 1844.

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*Aneurism of the Femoral Artery from fracture of the Femur at its superior part—Ligature of the external Iliac Artery—Recovery.* By DANIEL BRAINARD, M. D., Professor of Anatomy and Surgery in the Rush Medical College.

MARCH 1st, 1842, I was called to visit Dexter Graves, a highly respectable citizen of Chicago, Illinois, laboring under an ununited fracture of the femur. He gave the following history of the case: Twelve weeks previously, in the early part of December, 1841, while stepping from a carriage, he fell, in such a manner as to strike the upper part of the right thigh, at the inside, across the wheel. He was unable to rise, and a physician being called diagnosed a "fracture of the bone." Provisional dressings were applied and the patient conveyed a distance of forty-five miles, to his own house in Chicago. Another apparatus was then applied by which extension and counter extension were kept up, and the limb kept in a straight position; this treatment was continued twelve weeks, when the machine was removed and the fracture found to be ununited. At this time I saw him.

The following were the appearances observed:—The right limb was two inches shorter than the left, the foot was everted, and considerable swelling existed about the hip and thigh. The foot could easily be brought down to a level with the other, but was immediately retracted on removing the extension. No crepitation could be perceived in any movement of the member. The shaft of the bone to near the trochanters could be felt, free from callus or fracture. The diagnosis was a fracture of the neck of the bone, but whether within or without the capsule there was no means of ascertaining with certainty. The general health of the patient had

suffered much in consequence of his long confinement. He was pale, emaciated, affected with diarrhœa, loss of appetite, and profuse sweats. He had cough, expectoration streaked with blood; an examination of the chest revealed an extensive bronchial affection, but no signs of tubercularization.

Under these circumstances it was thought advisable to adopt some plan which would allow him to rise and take exercise, the restoration of his health being the most urgent indication. This was a thing of some difficulty, as the slightest movement was attended with excruciating pain. The immovable apparatus (starch bandage) was chosen and applied from the knee upward. Over a dry roller were placed several pieces of firm pasteboard, which externally and posteriorly extended as high as the crest of the ilium. These were covered with a roller immersed in paste of flour, several turns of which were passed around the pelvis. As soon as this was dried the patient was able to rise and walk on crutches, and in a short time was able to ride several miles. No change took place in the state of the limb except that at times it was painful and affected with spasmodic action of the muscles, when it was fully three inches shorter than its fellow. It may be remarked that the patient had felt pains in this limb of a rheumatic character previously to the fracture, they were however but slight and occasional. He remained in the same condition six months, wearing the starch bandage, which he could not do without, and with it I left him Oct. 20, 1842, to be absent at St. Louis during the winter. On my return, Feb. 17, 1843, (which was hastened by urgent applications on the part of the patient,) I found the upper part of the thigh occupied by a large tumour, the most projecting point of which was three inches below and a little anterior to the trochanter major. It was smooth, elastic, fluctuating, distinctly pulsating, giving the "*bruit de souffle*" on the application of the ear, subsiding in a marked degree on compression of the femoral artery, and becoming tense on removal of the pressure. Its inner margin was limited by the gracilis muscle, its outer at the most external part of the thigh; it extended upward to Poupart's ligament, and downward from that point twelve inches: the circumference of the thigh, embracing the largest part of the tumour, was twenty-five inches. It had been first perceived about twelve weeks previously, and rendered it necessary to remove the paste bandage and had increased regularly until it acquired its present size. If the characters I have described could leave any doubt



of the aneurismal nature of this disease this had been entirely removed by the exploration of the physicians in attendance, who, supposing it to be an abscess, had made a puncture through which a pint of arterial blood had escaped before they could succeed in closing it. Compression of the femoral artery by means of a steel spring and graduated compress was then resorted to, but with no other sensible effect than the production of œdema of the limb from the obstruction of the venous and lymphatic circulation. The situation of the tumour, on the anterior and external side of the thigh, renders it probable that the anterior circumflex branch of the profound femoral artery was the one originally effected, but the course of the superficial femoral could not be traced, at the period when I first examined it, along the inside of the tumour.

Having observed the progress of the tumour for several days, in spite of the efforts made to check it, I determined on the ligature of the external iliac artery, and, the patient being in every respect in a favorable state, it was performed Feb. 24, 1843, in presence of several of the profession, and with the assistance of Drs. Sawyer and Davisson of this place, in the following manner:

The patient remaining upon his ordinary bed, with his head and shoulders slightly raised, an incision was made three inches in length, commencing an inch within the anterior superior spine of the ilium, and directed, parallel to Poupart's ligament, toward the pubis. The skin, subcutaneous tissue, and superficial fascia were thus divided, and the aponeurosis of the external oblique muscle exposed. The *arteria ad cutem* required a ligature. The aponeurosis was next divided upon a director, the internal oblique and transversalis muscles with the spermatic cord were pressed upward with the fingers, the handle of the scalpel was employed to rupture the fascia transversalis, and the peritoneum was then gently raised with the fingers until the forefinger of the left hand rested upon the artery about two inches above the femoral arch. The slight investment of the artery was penetrated by the nail, and the needle known as Dr. Pysick's, armed with a small silken ligature, passed under it. This was effected without difficulty, the point of the needle being carried between the artery and vein and pressed forward by gentle movements to and fro until it emerged on the outside of the artery. The point was then detached from the shaft and drawn out without embracing more than the artery itself, and without having raised or separated it from its

surrounding tissues. The ligature was firmly tied in a double knot, one of its ends removed, the wound carefully sponged and its edges brought together by strips of adhesive plaster. Having had occasion during the winter, and previously to this operation, to put in practice, upon the dead subject, the different methods of placing a ligature upon this artery, I adopted the above mode of proceeding, as affording easy access to the vessel, with the least possible liability to wound the epigastric artery or the peritoneum, or to allow a protrusion of the viscera. Its application in this case fully justified the choice, and in no respect could I wish to have modified it.

During the operation the patient suffered very great pain, was pale, cold and depressed, and was allowed two glasses of wine. When it was finished the pain still continued, passing with rapidity from the wound to the limb or to the abdomen, and was so severe as to make the patient cry out and toss himself about in the utmost agony. It was relieved by the sulph. morph. gr.  $\frac{1}{4}$ , repeated three times. The immediate effects of arresting the circulation in the artery were not perceptible in the general system, unless the pain and agitation could be attributed to it—the pulse sixty and feeble. The tumour immediately became flaccid, its circumference being one inch less than before. Three hours after the operation there was a sensation of numbness in the member, and it was colder than the other; the sensibility gradually returned, and at the end of six hours was perfect; a state of exalted sensibility followed and was so great that the contact of a piece of flannel could not be endured. The natural temperature returned with the sensibility, commencing first above and extending to the foot, but there was not observed at any time an unnatural elevation of the temperature, or that activity of the capillary circulation which has been noticed in many cases.

During the first five days after the operation no material change occurred either in the member or in the system. The temperature and the sensibility of the former were natural. The pulse was 75, no febrile reaction, the patient urinated without difficulty, and on the fourth day had a stool from a lavement. His sleep was quiet and his appetite good. On the fifth day there was a slight discharge of pus from the wound. From the fifth to the fifteenth day he remained in the same state, being free from pain and all the functions regularly performed. From 15th to the 23d day there were occasional pains and cramps in the affected limb,



which were relieved by frictions and hot applications, and a troublesome cough, for which anodynes were prescribed. On the 23d day the ligature came away. The incision, however, continued to discharge pus for several days afterwards, and was not perfectly healed before the 45th day from the operation.

The tumour after the tenth day did not diminish in size, but remained stationary; frictions and the roller were applied, which latter could only be used at first with moderate force; by degrees the pressure was increased and the tumour gradually subsided. A covering fitted to its surface and laced on the outside, attached to a band about the pelvis, and the sides of which were rendered stiff by the introduction of pieces of thin pasteboard, was at length substituted for the roller, and was found more effectual in hastening the disappearance of the tumefaction. At present, on the 1st of June, this had entirely been effected, there remained only an induration in its place, which extends over the whole anterior and superior femoral region, and confining the fragments and limiting their movements in such a manner, as to give the patient great command over the member. It can be moved freely in every direction, and is capable of sustaining a great part of the weight of the body, the patient being able to move about and attend to his business. Whether a bony union may still be expected, must depend in a great measure upon the seat of the fracture; if this is within the capsule it is not to be anticipated; if without, it may take place. That this latter is the case there are strong reasons for supposing; not, however, enabling us to adopt the opinion without reserve.

*Remarks.*—The appearance of aneurism as a consequence of fracture of the femur has not been often observed, and its occurrence is calculated therefore to direct attention to the time and manner of its production. In the present case there are three several ways in which this may be explained. By supposing the artery to have been injured by the violence which occasioned the fracture. Neither the manner of the fall nor the position of the limb after it, would justify us in adopting this explanation in the present instance. By the alternate elongation and contraction of the member; this, carried to the extent of three inches, and repeated frequently during a period of several months, might be supposed capable of impairing the integrity of the coats of the artery, but only after the lapse of a certain period of time, whereas in this case we have

indications of its earlier existence. These indications were the unusual tenderness, the persisting tumefaction, the absence of bony union, although the value of this latter circumstance was diminished by the unsuitable apparatus employed, the improper manner of its application, and the doubt as to the precise point of the fracture. Still the position of the tumour, rendering it almost certain that its origin was from the profunda or its branches, coupled with the former considerations, will justify us in attributing it to the transportation of the patient, immediately after the fracture, so great a distance.

The laceration of the tissues, necessarily produced by the movements of a carriage, over a very rough road, a distance of 45 miles, must be very great, about the fractured ends, and to this we may with great probability ascribe the production of the aneurism in this instance; and from it we may derive a practical precept of caution in advising or permitting such a transportation in any similar case.

Chicago, Ill., June 15, 1843.

*American Journal, Oct. 1843.*

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## PRACTICAL MEDICINE, &c.

*Pain of the Loins.* By DR. OKE, Southampton.—Perhaps there is no system more commonly met with in practice than pain in the loins, which is usually and at once attributed to bile, gravel, or rheumatism; but as it may be also derived from other causes left out in a hasty decision, I shall enumerate them, and endeavor to point out the symptoms by which each may be distinguished. Pain of the loins may be derived from the muscles, from the liver, from the duodenum, from the kidneys, from the colon, from the uterus, from the aorta, from the spine, or from matter collected on the psoas muscle independent of spinal disease. In order to arrive at its true cause, we must endeavor to ascertain what function is principally involved, which will at once lead us to it.

*If the pain be rheumatic,* it will be increased by pressure, and by the slightest action of the muscles affected. There will probably be also rheumatism in other parts of the body, the system will not evince much disorder, the urine will be high colored, and deposite a lateritious sediment.

*If derived from the hepatic function,* the pain will shoot upwards along the splanchnic nerves to the scapulæ; the alvine evacuations will be either deficient in, or exuberant with, bile; or show a morbid quality of that secretion; the urine will have a bilious tinge;



there may be congestion of the hæmorrhoidal veins; and the spirits will be depressed.

*If from the duodenal function*, three or four hours after a meal the pain will be aggravated, shooting through towards the right side of the abdomen, and remaining till the food has passed into the jejunum. Dyspeptic symptoms will prevail, and there will frequently be painful pustules breaking out about the face. I have lately met with a case in which the boils were extremely annoying.

*If from the kidneys*, the pain will shoot down the course of the spermatic nerves towards the round ligament in the female, and towards the testis in the male, which will often be retracted by the action of the spermatic nerves upon the cremaster muscle. There will be more or less irritation communicated to the mucous membrane of the bladder. The urine also will be diagnostic in this instance; it may deposit mucus, calculous matter, blood, pus, or albumen, according to the nature of the case; or it may be otherwise morbid in its constitution.

*If from the uterus*, the pain of the back will arise either from disordered function or disease of that organ. In the former case the pain will be of a neuralgic character, will return in forcing paroxysms extending around the hips and hypogastric region, will be attended with hysteria, and often with increased quantity of the menstrual discharge. In the latter case the pain will be *constant* and severe, extending along the anterior crural nerve half way down the thighs. There will be a thin, offensive discharge from the vagina. The countenance will be wan and sallow, exhibiting the wear and tear of organic lesion.

*If from the colon*, there will be constipation, and inflation in the course of the bowels, or the fæcal discharges will be of small diameter, or there will be soreness of the intestine under pressure, especially at its ascending or descending portions, accompanied by mucus, or shreds of lymph in the form of boiled vermicelli, amongst the excretions.

*If from the arterial dilatation*, an abnormal pulsation of the vessel involved—the aorta, for instance—may possibly be detected by auscultation in the incipient stage of the disease, *if such were suspected*; but in a large majority of cases such a cause may reasonably escape the attention of the ablest surgeon, from there being no tangible symptom that might lead him to suspect it; and even after the dilatation has considerably advanced, it may be sufficiently large to press upon and disturb the spermatic nerves, but not large enough to project and pulsate externally, and this may, at this stage, be confounded with diseases of the renal function. A few years ago I met with a case of this kind in a man of middle age. The pain had been constant and wearing, shooting from the loins down the course of the spermatic nerves, and for a considerable time was reasonably attributed to the renal function, especially as there had been constant disturbance of this function.

At length the aneurismal sac began to approach the surface, and then, of course, the cause became apparent.

*If from the disease of the spinal column*, the pain will be aggravated by percussing the spinous processes at this part of the spine, or by suddenly striking the toes against an uneven surface. There will be involuntary action of the muscles, especially of the flexors of the legs, diminished temperature, abnormal feelings, and more or less loss of power of the lower limbs. Should there be at the same time any unnatural projection of the spinous processes, the disease will be confirmed.

*If from a collection of matter upon the psoas muscle, unconnected with spinal disease*, the pain will be continued, dull, and deep-seated, extending from the loins down the psoæ, or in whatever direction the matter may have taken its course. The pain will be aggravated by flexing the thigh towards the abdomen, and there will be difficulty in walking; moreover, there will be marks of a strumous habit, and more or less symptoms of hectic fever. Should any fluctuating tumor present at the groin, or at any other point where the matter may find its way out of the body, it will be conclusive as to the nature of the case.—*Braithwaite's Med. Retrospect*, from *Prov. Med. J.*, Feb. 17, 1844, p. 384.

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## BIBLIOGRAPHICAL NOTICES.

*Boston Medical and Surgical Journal*.—The editor of this well known and deservedly popular Journal, in the No. for August 7th, announces the commencement of the *thirty-first* volume. We congratulate the editor upon the continued success of his enterprise. It would indeed be strange if after this long experience and with the high tone and spirit which he infuses into his pages, any rival could detract from his well-earned reputation. We subjoin a few of his remarks:

“Ours is now the only one in the United States which is published weekly, having survived, unharmed, the rivalry of no less than three publications of the same class. It requires something more than a prospectus or operations, to maintain a medical journal. There is necessarily a fearful outlay of capital, quite discouraging at first; and when there is taken into account the great number of losses annually occurring, very few, it is presumed, would be willing to enter anew upon the business, after having had experience in permanently establishing one. Unlike other periodicals, its subscribers are of necessity only here and there one out of hundreds and thousands, and then they are spread so widely over the entire face of the Union, that collections are always difficult. Still, under all the aspects of the case, we have



passed on till the commencement of this *thirty-first volume*. We hope for the continued good will, and the literary and scientific assistance of our brethren. With their countenance, and our own continued exertions, the Journal will pursue its quiet way, without ostentation, or a presumptuous display unbecoming the legitimate object to which it is expressly devoted, or the character it has attained."

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*The American Journal of Insanity.*—This is the title of a new periodical, the first No. of which was issued in July last, under the conduct of the officers of the New York State Lunatic Asylum, Utica. It is to be issued quarterly, at the exceedingly low price of \$1.00 per annum, each No. containing 96 pages. We welcome with pleasure, this accession to the ranks of periodicals, the more that it fills a vacancy in medical literature, and advocates the cause of a large and pitiable class of sufferers. The No. before us; for which we are indebted to the courtesy of Dr. Brigham, Superintendent and Physician to the State Asylum; is fraught with valuable information, and contains several articles highly interesting to the general reader. If the publication sustains the promise given by its first number, it will hold a high place among medical periodicals.—[ED.]

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*Mackintosh's Practice of Medicine.*—Lindsay & Blakiston of Philadelphia, are about publishing a fourth edition of this valuable work, much used as a text book in the medical schools of the United States. It is to be brought up to the present time, with notes and additions by Samuel George Morton, M. D., a gentleman well known for his high professional attainments, and late physician to the Philadelphia Hospital, &c. We have no doubt that the work will meet with a good reception from the profession and medical students.—[ED.]

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## GENERAL INTELLIGENCE.

*Medical Schools.*—The Jefferson Medical College, Philadelphia, announces its Winter Course under the same Faculty in whose hands its popularity has so greatly increased in the last year. A change for the better it would be difficult to make.

The College of Physicians and Surgeons, New York City, with Dr. Alexander H. Stevens, President, makes its announcement under favorable auspices. The class of last year is represented as one-half larger than that of the year previous.

In the University of New York Medical Department there has been no changes in the Faculty of last year. A large appropriation has been made to this Institution by the Legislature of the State.

In the Faculty of Transylvania University, several changes have occurred. Dr. James M. Bush, formerly adjunct to Dr. Dudley, has been entrusted with the chair of Special and Surgical Anatomy. Dr. Dudley retains the chair of Surgery alone. Lotan G. Watson, M. D., has been appointed to the chair of Theory and Practice, and Leonidas M. Lawson, M. D., editor of the *Western Lancet*, to the chair of General and Pathological Anatomy and Physiology. In other departments there has been no change.

In the Medical Department of the St. Louis University, there has been a new organization. The Faculty is as follows :

“CHARLES A. POPE, M. D., Professor of Special, General and Surgical Anatomy; J. V. PRATHER, M. D., Professor of the Principles and Practice of Surgery, and Dean of the Faculty; J. W. HALL, M. D., Professor of Physiology, Pathology, and Clinical Practice; M. L. LINTON, M. D., Professor of the Principles and Practice of Medicine; J. G. NORWOOD, M. D., Professor of Materia Medica, Therapeutics, and Medical Jurisprudence; A. LITTON, M. D., Professor of Chemistry and Pharmacy; M. M. PALLER, M. D., Professor of Obstetrics, and the Diseases of Women and Children; W. D. STIRMAN, M. D., Prosector.”

The Willoughby University, upon Lake Erie, announce some new appointments. As at present organized, their Faculty embraces the following names:

“AMASA TROWBRIDE, M. D., Professor of Surgery; GEO. MCCOOK, M. D., Adjunct Professor of Surgery; HENRY H. CHILDS, M. D., Professor of Obstetrics, and Diseases of Women and Children; JAMES QUACKENBOSS, M. D., Professor of General and Special Anatomy and Physiology; ROBERT H. PADDOCK, M. D., Professor of Chemistry, Pharmacy and Materia Medica; JOHN BUTTERFIELD, M. D., Professor of Theory and Practice, and of General and Special Pathology; ISAAC J. ALLEN, M. D. and Counselor at Law, Professor of Medical Jurisprudence.”

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*Notice to Readers and Correspondents.*—In addition to the exchanges, the receipt of which we have already acknowledged, we have received *The American Journal of Insanity*, Utica, N. Y.; *The Western Journal of Medicine and Surgery*, Louisville, Ky.; *The New York Journal of Medicine and the Collateral Sciences*.

We have also received the Annual Announcement of the Jefferson Medical College, Philadelphia; University of New York, Medical Department; College of Physicians and Surgeons, New York City; Transylvania University, Lexington, Ky.; St. Louis University, Mo.; and the Willoughby University, Ohio.



# ILLINOIS

## MEDICAL & SURGICAL JOURNAL.

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OCTOBER, 1845.

NO. 7.

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*Cases of Surgery.* By DANIEL BRAINARD, M. D., Professor of Surgery in Rush Medical College.

### CASE I.

*Injury of the Head without Fracture of the Skull—Compression of the Brain from Effusion of Blood—Trephining—Récovery.*—H. H., aged 23 years, a robust and athletic man, received several blows with a stick upon the head, in an affray upon the race course, nearly three miles from Chicago, Monday, Sept. 1st., 1845, by which he was stunned at first, but soon recovered. He walked about for some time, then mounted a horse to ride to Chicago, and proceeded about a mile without feeling uneasiness. He then complained of dullness of hearing, and soon after found it difficult to manage his horse, which it became necessary to lead. On arriving at the stable, he lay down, and was soon after found by his companion asleep on the floor. Being roused, he walked a short distance to a covered wagon, in which he slept for the night, and where he was found the next morning in a state of profound coma, from which it was impossible entirely to rouse him.

Medical aid being called, it was observed that an entire loss of motion and a partial loss of sensation existed on the right side of the body, affecting the limbs also, while those of the left were readily withdrawn if smartly pinched. The respiration was deep, but not stertorous; the pulse slow, but full; surface cool. He could with difficulty be made to answer the simplest question. Free blood-letting and other suitable remedies were immediately resorted to, without benefit, however, and on Wednesday, Sept. 3, we were called to see him, and found him in the state above described. The head having been shaven, it was found that no mark of injury existed upon it, except one, very slight, just at the

superior angle of the os occipitis, nor could any information be gained as to the precise point upon which the violence was inflicted. The symptoms and the history of the case, left no doubt of the character of the injury and the urgent necessity of an operation, while they afforded no clue to the precise situation of the effusion, or the point upon which the trephin should be applied. In judging of this, two circumstances were taken particularly into account: the first was, the members paralyzed; the second, the point at which effusion most readily takes place. Repeated observation has shown us that when the members of one side are paralyzed from an injury, it is when this has been inflicted upon the central or superior parts of the opposite hemisphere of the cerebrum. It is known also, that extensive effusions of blood from such causes, most frequently take place from the middle meningeal artery, or some of its principal branches. Guided by these facts, we determined on trephining an inch above the left ear, and on a line a little anterior to it. For this purpose, a triangular flap was raised, and some ecchymosis was discovered among the fibres of the temporal muscle. On removing the pericranium, no blood was observed to exude on the surface of the bone, and on removing a circle of this with the trephine, a coagulum instantly protruded. Pieces of this were removed with the finger, until several ounces had come away. The thickness of the coagulum at the point of the opening was not less than an inch, and its limits could not be ascertained. A tent was placed in the opening, and simple dressings applied.

During the operation, the patient suffered considerably, crying out, and requiring to be held, and after the removal of the blood, he manifested consciousness, and moved the members of the right side to a considerable extent. No unfavorable symptoms occurred; his recovery was rapid; and in less than two weeks he was able to start for his own home, in the central part of the State.

To Drs. Maxwell and Herrick, of this city, my acknowledgments are due for their advice and assistance in this case.

#### CASE II.

*Bony Concretion in the Knee Joint—Extraction by the Subcutaneous Method—Recovery.*—W. G., aged 26 years, of Du Page county, Illinois, visited Chicago for the purpose of obtaining relief for a troublesome affection of the right knee.



*History.* About ten years since, he was attacked with an inflammation of the joint, called rheumatism, which returned at irregular intervals, particularly when much exercise was taken, until the present time. About six months since, he noticed a hard substance, movable in the joint, which at times disappeared beneath the patella. For some months, the attacks of inflammation had been more frequent and severe, so as to entirely preclude him from following any active or laborious employment.

*Present State.* On examination, the articulation was found to contain considerable fluid within the capsule, but there was little tenderness, and no marks of inflammation. The hard body could occasionally be felt on the inside of the patella, but slight pressure caused it to disappear.

*Extraction.* It being impossible to retain the substance in a fixed position, by the aid of a bandage or knee-cap, it was determined to extract it; and the operation was performed, with the assistance of Drs. Herrick and Blaney, Sept. 7, 1845, in the following manner: The patient being placed upon his back, and the limb extended, the body was fixed by pressure with the fingers upon the anterior surface of the inner condyle of the femur. An incision, over an inch in length, and an inch within the situation of the substance, was then made through the integuments. A bistoury being carried beneath these, an opening was made through the synovial capsule, directly upon the movable body. This was then extracted by the aid of the tenaculum and forceps, a work of some difficulty on account of its extreme hardness, which did not admit of its being penetrated in the slightest degree. The wound was then brought together by stitches and adhesive straps, evaporating lotions applied, and the member kept in a state of perfect repose. The body extracted was about twice the size of a large bean, spherical, smooth, and encrusted with cartilage upon its surface; hard and osseous within. At the end of a week, the wound was quite closed, and the patient enabled to walk about as usual, but by an injudicious attempt to travel, considerable inflammation was excited, which required blood-letting and other reducing means to subdue it, thus adding another to the numerous proofs already on record, of the harmless nature of such injuries, when perfect immobility of the member is preserved, and of their serious character when this is neglected.

## CASE III.

*Foreign body in the Bronchial Tubes—Laryngo-Tracheotomy—Death—Post Mortem appearances.*—This case was of a child a little over twelve months old, which, on the 2d of September, 1845, while swallowing a piece of water melon containing seeds, (which he had seized,) was attacked with a violent paroxysm of coughing, amounting almost to suffocation, when this had subsided, a sound, called by the mother “purring,” was heard. The accessions of coughing were frequent and violent from that time until the 19th of September, when the child was brought to us for examination.

*Present State.* The *en-bon-point* of the infant was good, respiration frequent, considerable blueness of the veins which ramify along the head, and a distinct murmur or “purring” sound was heard during the inspirations and expirations. On applying the ear to the anterior surface of the chest, on the right side, a distinct sonorous ronchus was heard, if the child breathed with rapidity, or while crying, but when in a state of perfect repose, as while sleeping, not the slightest sound, even the natural murmur of respiration, could be heard. On the left side, the sound of respiration was at all times intense, except when masked by the sonorous ronchus above spoken of. It was observed too, that the left side of the chest, only expanded and contracted with respiration, and that the child could not lie long upon this side. These symptoms taken in connection with the history of the case, left no doubt of the existence of the foreign body in the air passages, and that this was situated in the right principal bronchial tube. An operation, being determined upon for its removal, was performed on the 19th of September, in the presence of Drs. Boone, Maxwell, and Blaney, in the following manner: An incision was made an inch and a half in length, directly in front of the larynx, and carried down to this organ by degrees, although the fits of suffocation, and a free venous hemorrhage which occurred, required a length of time to be consumed in this part of the operation. The crico-thyroid membrane was punctured, and the incision extended downward through the cricoid cartilage, and the two superior rings of the trachea, and upwards through a part of the thyroid cartilage. This produced another fit of coughing, so severe as to threaten suffocation, which was renewed as often as attempts were made



to remove the foreign body, or to introduce a tube for the purpose of respiration. The orifice, therefore, being free, was left without a tube, measures suitable to combat inflammation were adopted, and directions given for the removal of the foreign body, should it present itself. This was favored by position, and as far as possible by other means, but without success, although it was noticed on the 20th, after a paroxysm of coughing, that the right side of the chest expanded during inspiration, the respiratory murmur was heard upon that side, indicating that the body had changed its situation. The respiration gradually became more frequent and difficult, and the child died on the 21st of Sept.

*Examination after Death.* A water melon seed was found in the trachea just at the point of its bifurcation, and considerable mucus was found in the bronchial tubes. The posterior three-fourths of the right lung, and half of the left, were found at a state of red hepatization, showing that an extensive pneumonia had been superadded to the bronchial affection; the two being sufficient, in all probability, to have proved fatal, even if the foreign body had been removed.

The dissection in this case, while it proved the urgent necessity of an operation, showed also, that it had been so long deferred, as to render its success doubtful if not impossible.

Chicago, October 1, 1845.

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## BIBLIOGRAPHICAL NOTICES.

*Minutes of the Organization, Constitution, and Ethics of the Union Medical Society of Northern Indiana.*

This pamphlet contains the minutes of the proceedings of a meeting of the physicians of the counties of Elkhart and Kosciusko, convened at Goshen, Ind., on February 18th, 1845, for the purpose of organizing a Medical Society; also of an adjourned meeting held on April 22d, to complete the organization. At the former meeting, it was unanimously agreed to form an association, to be called the Union Medical Society of Northern Indiana. The officers were elected for one year: a committee appointed to prepare a constitution and bye-laws, a system of ethics, and a bill of rates. The meeting then adjourned until April 22d.

At the adjourned meeting, the constitution and code of ethics were adopted, and the bill of rates further referred to

a special committee. Committees were then appointed on the following subjects: "On Quackery," "On Improvement in the Science of Medicine," "On Collateral Sciences." Dr. S. B. Kyler and John Gildersleeve, were appointed to deliver dissertations at the next meeting. "The meeting then adjourned to the second Saturday in October next, to meet in Goshen.

We are glad to see this movement on the part of our professional neighbors in Indiana. We hope that the example will be followed in other sections of that State, and also of Illinois. In the latter, we are not aware of the existence of a single medical society. If any such exist, we would be pleased to hear of it. There can be little doubt but that the influence exerted by medical societies, when conducted in proper spirit, and under proper regulations, is in every way beneficial to the profession and the public, and in our opinion, more preservative of the interests of all parties than can be expected from any medical legislation. It is scarcely to be expected that the wants of a profession, and the measures required for its elevation and to preserve its dignity, should be understood by any but its own members. Coöperation among medical men, in a strict adherence to the courtesies of the profession; the universal adoption of a rigid system of medical ethics; exclusion from consultation, and from social intercourse, of all pretenders; and a rigid scrutiny into the qualifications of all admitted to its privileges, are the means to be adopted for rescuing the science from the imputations against it, and to place it in the estimation of the public, in its proper light.—ED.

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**MEDICAL JOURNALS.**—*Southern Medical and Surgical Journal.*—This excellent periodical is published monthly, at Augusta, Georgia, each monthly number containing 64 well-printed octavo pages; terms \$3,00 per annum. It is edited by PAUL T. EVE, and J. P. GARVIN, M. D., two of the professors in the Medical College of Georgia, located at Augusta. The numbers which we have received contain a due proportion of original communications, many of them of exceeding interest, and exhibiting much research and observation on the part of the contributors. The selected matter and reviews do much credit to the discrimination and good taste of the editors. The proper acknowledgement of the receipt of this valuable journal, has been delayed in consequence of its having arrived during our absence, and since our return it has been unavoidably crowded out of our limited space.

*The American Journal and Library of Dental Science.*—This is a Quarterly issued in the city of Baltimore, and is the organ of the American Society of Dental Surgeons. It is edited by



CHAPIN A. HARRIS, M.D., D.D.S., EDWARD MAYNARD, M.D., D.D.S., AMOS WESTCOTT, M. D., D.D.S. It consists of two parts; (separately paged, so that they may be bound separately,) the Journal and Library. The Journal department is well conducted, and contains much that is valuable to the surgeon dentist and general practitioner, and interesting to the general reader. This department of the work contains from 70 to 90 pages. The Quarterly No. contains in all about 160 pages.

From the Journal we learn that the Surgeon Dentists are well organized and recognized as a distinct profession, and their *art* they have elevated to a *science*. They are associated in a national society, and properly consider all as *quacks* who are not regularly educated and legalized by their society or institutions, or deserve and purpose so to be. There are now, we believe, two Colleges of Dental Surgery, one at Baltimore, and one at Cincinnati. Of the former, we have before us the *sixth* annual announcement. The Faculty are as follows:—Chapin A. Harris, M. D., Professor of Practical Dentistry; Thomas E. Bond, Jr., Professor of Special Pathology and Therapeutics; W. R. Handy, M. D., Prof. of Anatomy and Physiology; Professorship (vacant) of Dental Physiology and Pathology; Chapin A. Harris, M.D., Demonstrator of Mechanical Dentistry. Regular courses of lectures are given by each professor; the session commencing on the first Monday of November, and ending the last of February. Ticket fees \$25,00 to each professor.

*The New Orleans Medical and Surgical Journal.*—This journal comes to us improved in appearance, and strengthened in its editorial force. For some time past there has been in circulation a prospectus for a medical journal, to be published at New Orleans, and to be called the Louisiana Medical and Surgical Journal. An arrangement has now been effected, by which the two are united, with the strength of the co-editors of both journals, as follows: ERASMUS D. FENNER, M.D., one of the Physicians to the New Orleans Charity Hospital; A. HESTER, M. D., one of the Surgeons to the N. O. Charity Hospital; JOHN HARRISON, M. D., Professor of Physiology and Pathology in the Medical College of Louisiana; and W. M. CARPENTER, M.D., Professor of Therapeutics and Materia Medica in the same institution. We consider it one of the most valuable of our exchanges.

*St. Louis Medical and Surgical Journal.*—In the editorial department of this journal, V. J. FOURGEAUD has been associated with the former editors. We have on former occasions sufficiently expressed our good opinion of this periodical, and the additional labors of Dr. Fourgeaud must add to its former merits.

## MEDICAL INTELLIGENCE.

*National Medical Convention.*—In our last number, in our Notice of the Transactions of the Medical Society of the State of New York, we called the attention of our readers to the resolutions of that body, recommending a *National Medical Convention*, to be held in the city of New York on the first Tuesday in May, 1846. Since then, we have received the circular of the committee appointed to carry those resolutions into effect, accompanied by a letter from Dr. N. S. DAVIS, one of the committee, inviting, through us, the medical colleges of the State of Illinois, and the medical societies of this State, (if any exist,) to participate, by their delegates, in the convention. The objects of the Medical Society of the State of New York, in calling the convention, as stated in the letter of Dr. Davis, “were, to freely discuss the great and paramount interests of the whole profession of this country; to make the members of the profession in each State better acquainted with the men and institutions of every other State; to excite and diffuse a spirit of scientific and professional investigation; and, if possible, devise some concerted plan for *elevating the practical standard of medical education* throughout the whole country.” Are not these objects of sufficient importance to enlist the interest and exertions of the medical profession, to carry into effect the only plan which can secure their attainment? We ask for the subject the earnest attention of all our readers, and their adoption, individually and collectively, of such measures as will forward the plan proposed. It would give us pleasure to hear from all who are interested in the movement, and to join with them in the effort to secure for our State a representation in the National Convention. Our pages will be open to communication upon the subject, suggesting the mode to be adopted for that purpose. We earnestly hope the subject will meet the attention it merits.

ED.

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*Salacine.*—Dr. Fenner, of the New Orleans Charity Hospital, has tested the virtues of this remedy in twenty-two cases of intermittent fever. The object of the observations was “to ascertain the virtues of salacine, and to what extent it may be relied upon as a substitute for quinine.” Dr. Fenner deems his trial not sufficient to justify a report. He however remarks: “so far it appears greatly inferior to quinine. Its virtues are somewhat enhanced by combination with piperine. As the article has been very little used within the last few years, the quality may not be first rate. It is now dearer than quinine, on account of the larger doses required, but if it be found to answer as well in *any dose*, it can be made cheap,



as the supply of willow bark in our country is inexhaustible. We are promised a report at a future time. We hope also before long to hear a report upon the subject from the office of the Surgeon General of the Army. The importance of the subject is great, if it be true, as reported in the New Orleans Medical Journal, from the Washington "Union," that the British Government are endeavoring to acquire a monopoly of Peruvian bark. We reiterate our hope that our readers will give it a trial, and send us a report of the results, whether they be favorable or unfavorable. Ed.

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## PRACTICAL MEDICINE, &c.

*On the Use of Ioduret of Potassium in Syphilitic Affections.*—The report, which M. Gauthier has recently published respecting the curative power of this salt of Iodine, in secondary and tertiary syphilitic affections, is, on the whole, highly favorable to its use. He has administered it in a vast number of cases, and has rarely noticed any injurious or even unpleasant effects fairly attributable to its operation. On a few occasions, it appeared to cause a salivation; which, however, speedily ceased. Now and then, an innocuous exanthem made its appearance on the surface. In some persons it causes slight gastric irritation; but in most, the digestive functions appear to be decidedly improved under its use. In no instance has any wasting of the body seemed to be induced by it, as has occasionally been observed with respect to Iodine. One of the most constant effects of the Ioduret is to increase the flow of the urine. It seems to pass very rapidly into this and the other secretions; its presence is readily discoverable by its well known appropriate tests. M. Gauthier has often detected it in the saliva.

The following are the forms of the syphilitic disease in which he has witnessed the most decided curative effects, Pains of the *bones*, even when most severe, are often very rapidly and effectually subdued; nay, when caries exist, a salutary change is not unfrequently obtained. Thus in *Ozæna*, complicated with disease of the palate or nasal bones, we seldom fail in greatly benefitting, if not in curing, the disease. In various tubercular affections of the *skin* and *mucous membranes*, the Ioduret will be found most useful. Deep ulcerations of the throat and pharynx, rhagades or fissures about the anus and nails, will not unfrequently heal up most satisfactorily, even when mercury has been previously tried and failed. It is sometimes truly marvellous to witness the decided improvement of the general health, in the course of a few days, under the use of the Ioduret, when judiciously administered. M.

Gauthier considers that it is a most valuable remedy in many cases of mercurial cachexy: an ioduretted gargle will often serve to check salivation from this cause.

He invariably begins its administration in small doses, from two to four grains, twice a day. The quantity should be doubled every third or fourth day, until it reaches 15 or 20 grains. This dose should be continued for some time; but, if it fails in producing any decided effect upon the disease, it may be increased to two scruples or even a drachm. In a few cases, he has given as much as two drachms in the course of twenty-four hours.

A solution of the Ioduret in water, to which some tincture of Iodine has been added, may be advantageously used as a gargle in ulcerated sore-throat, and as a wash to ulcers on the surface, or on the Schneiderian membrane.

The average period, during which the internal use of the Ioduret should be continued, may be stated to be from six to eight weeks. Much will depend on the gradual increase of the doses given. Many cases will remain stationary, if the quantity of the salt administered be not progressively—and this, too, rapidly—augmented.—*Medical Examiner*, from *Medico-Chirurgical Review*, from *Observations pratiques sur le Traitement des Maladies Syphilitiques par l'Iodure de Potassium*, by M. L. Gauthier.

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*On the Dropsy which follows Scarlatina.*—Dr. Golding Bird gives the following summary of the facts recognized in connection with the development of dropsy after scarlatina:—

1. The anasarca does not appear during the existence of the rash.
2. The sequelæ, which do not depend on local mischief about the throat, usually appear about the end of the first week after the recession of the rash, rarely before, and not often after this period.
3. The frequency of their occurrence is in the inverse ratio of the vividity of the rash.
4. The urine contains certain of the elements of the blood, (albumen and red particles,) with a considerable number of large organic globules.
5. The blood contains some of the elements of urine, as proved by the existence of urea in it, as well as in the secretions derived from it.

Analogous effects, although looked for, have not been observed on the recession of other exanthema, as measles and small-pox; nor in cutaneous affections, in which free perspiration must be checked or greatly lessened, as in lepra, psoriasis, chronic eczema, &c.—*Med. Examiner*, from *Dub. Med. Press*.



*On the Remedial Efficacy of Ox-Gall.*—Dr. Alnatt of London, in a paper under this title, in a recent number of the *Lancet*, brings forward additional testimony to the beneficial effects of ox-gall, in cases of constipation of the bowels.

Habitual constipation (Dr. Allnatt observes) in persons of sedentary habits, generally arises from a deficiency of bile, the motions are clay-colored, the more fluid parts become absorbed, and scybala are impacted in the large intestines. When portions of scybala removed from the body, are subjected to the action of ox-gall, they become immediately broken down and dissolved, and this effect follows when diluted ox-gall is used in the form of enema. Two cases are related in which this remedy was employed in this way:—

“A young lady, aged 20, suffered from obstinate constipation, which had persisted upwards of a fortnight. She had been treated previously by drastic purgatives, which produced pain and vomiting, and a feeling of general uneasiness, combined with ineffectual attempts to pass an evacuation. The lower portions of the intestines were evidently obstructed by impacted scybala. Injections containing turpentine were first administered without affording relief. Two ounces of ox-gall, with about half-a-pint of thin gruel, were next thrown into the rectum; the exterior part of the hard mass became immediately dissolved, and in the course of ten or fifteen minutes the whole was ejected, to the instantaneous relief of the symptoms.”

“A lady, aged 77; living in the country, to whom the author was hastily summoned, was apparently sinking from the effect of unrelieved constipation. Excrementitious vomiting had taken place, and the powers of life seemed waning. The question was, whether or not, from the violence of the inverted action of the intestines, intussusception had not occurred. On examination, I thought I could detect a hardened mass about the head of the colon, and evidences of accumulation below that point. I therefore advised, as a last resort, an enema of ox-gall and turpentine, (the latter more as a stimulant to the inactive bowel, than for any specific effect,) with thin gruel, to be vigorously injected, warmed, and as far as possible into the intestine. In less than half-an-hour, a mass of scybala was expelled, the exterior of which had been imperfectly softened by the action of the gall, covered with a coating of thick mucus. Other portions speedily followed, and convalescence ensued.”

In the form of pill, in the dose of five grains three times a day, the ox-gall acts with almost specific certainty (according to Dr. Allnatt) in cases of habitual constipation, accompanied by indigestion, clay-colored stools, and a feeling of oppression after food. It acts by applying the natural stimulus to the intestines, and an advantage it possesses is its perfectly harm-

less nature. It does not, however, appear to be so well suited to constipation depending upon other causes, and when the liver begins to assume its healthy action, the ox-gall must be discontinued, as it will then produce all the symptoms of regurgitation of bile into the stomach.

Dr. Allnatt lastly alludes to another point connected with the administration of the ox-gall, which, if borne out by subsequent experience, will render it a still more useful medicine—viz., the power of destroying the narcotizing property of opium when combined with it. “The constipating effect of opium, Dr. Allnatt observes, is principally produced by its action upon the liver, the secretion of which it arrests, and renders insufficient for the due stimulation of the alimentary canal. In many cases this is a serious drawback to the exhibition of opium, for we often require its sedative when its constipating effects would be sufficiently injurious to preclude its use. Five or eight grains of inspissated ox-gall will neutralize the effect of a grain of opium without destroying its sedative efficacy; it also prevents, in a great measure, its injurious action upon the brain.”—*Dublin Med. Press*, in *Med. Examiner*.

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*Valerianate of Quinia.*—Dr. Devay, in an essay on the Valerianate of Quinia, published in the *Gazette Medicale*, recommends it as equal to the sulphate in its anti-periodic effects, and much superior in its nervo-sthenic properties.

*Preparation.* To a concentrated alcoholic solution of quinia, add a slight excess of valerianic acid. Dilute the solution with twice its volume of distilled water, and evaporate in a stove, with a temperature not above 120° Faht. During the evaporation, handsome crystals of the valerianate are formed, arranged singly or in groups. Dry the salt in the open air.

The valerianate of quinia may be also obtained by decomposing sulphate of quinine, with the valerianate of lime or baryta, both being in solution in dilute alcohol.

*Chemical and Physical Characters.* The Prince of Canino, who was the first to prepare this salt, ascertained it to be composed of valerianic acid, 1 equiv.; quinia, 1 equiv., and water, 2 equiv., of which one constitutes its water of crystallization. The crystalline form seems to be variable, sometimes hexahedral or octohedral, and at others forming rhomboidal tables, or agglomerated in light, silkey masses.

The odor slightly resembles that of valerianic acid; and the taste bitter. It dissolves readily in water, but alcohol and olive oil are better solvents. It is decomposed by the mineral, and most of the organic acids. It loses one equiv. of water when heated at 90°, and then melts like a resin.

*Dose, and Mode of Administration.*—Being readily decomposed, it is recommended to administer it in a simple mix-



ture, as with gum mucilage. Three and a half ounces of the mucilage of gum arabic, will dissolve 8 grains of the salt. A grain may be given at a dose.

One of the great advantages of this salt is supposed to be its ready solubility in olive oil, in which form it may be applied endermically over the region of the spleen. The form recommended is:

R Olive oil,  $\bar{z}$  ii;  
Valerianate of Quinine, grs. xvi.—dissolve.

M. Devay reports many cases; some of which were severe and complicated intermittents, which the sulphate had failed to relieve, and which yielded when the valerianate was used. From  $1\frac{1}{2}$  to 6 grains, constituted the per diem quantity in the various cases.

From the experiments made, M. Devay concludes, 1st. Valerianate of quinine is superior as an anti-periodic to the sulphate, in consequence of its nervo-sthenic properties, and because it acts in smaller doses.

2d. Given alone, it is equivalent to cinchona combined with the *nevrétiques*.

3d. In the worst fevers (the malignant ataxic) it is thought to act most beneficially, by its specific properties.—*New Orleans Medical and Surgical Journal*.

*Of the Use of Stimulants in Inflammatory Diseases of the Lungs in Children.*—By DR. POSNER, of Berlin.—In inflammation of the lungs in of infants, the author admits a stasis of the blood in the capillary vessels, and from this circumstance he argues that we ought to remove the obstacles to the circulation of the blood. He first obtains this effect by the employment of sanguineous emissions, and the use of those medicines calculated to augment the fluidity of the blood. It is, however, necessary to allow to the circulation sufficient energy to carry out of the lungs the products of inflammation. If we carry the anti-phlogistic treatment too far, we incur the serious risk of inducing an asthenic inflammation. According to our author, a period may arrive when a stimulating treatment may be indicated. M. Posner, on this subject, observes, that the pneumonia of infants differ from those of adults. In the latter, we may bleed freely with advantage, and there is but little danger of inducing exhaustion; but in the case of children we must exercise more discretion; we must not push depletion too far, otherwise we sacrifice the life of the little patient. Under the influence of too abundant bleedings, they become pale and almost livid; their lips assume a bluish appearance; the face hippocratic; the pulse rapid; respiration

hurried; the cough less frequent, but paroxysmal. Auscultation reveals the râles characteristic of hepatization. If we in the anti-phlogistic system of treatment, we have symptoms of adynamia, and ataxia, convulsions, coma, and death; not from the effects of the disease, but from the treatment.

If, on the contrary, we decide promptly upon the employment of stimulants, the patient may yet be saved. In such cases, our author extols wine, which the little patients now swallow with instinctive avidity. It should be given, at first, in small quantities, but persevered in regularly. It will soon impart a better expression to the face, diminish the frequency of pulse and the respiration, and induce a quiet and refreshing sleep. In a few hours, under this course of treatment, Mr. Posner has seen the râles of an hepatization changed into those of a simple catarrh. After the persistance of the anti-phlogistic treatment, and the use of calomel and stibiated tartar, for about two days, then our author thinks we may appeal to stimulants, and the cure will be certain and rapid. Before we resort to wine, we may try the polygala, and the ammoniacal preparation. Many cases are cited by Posner to confirm the views above developed.

*Remarks.*—The observations of the Prussian physician are, in our opinion, highly judicious, and deserve consideration. The advocates for depletion see nothing but inflammatory engorgement of the viscera, and believe the debility the result of a sthenic condition of the system; whereas, those who dread the lancet, see, on the contrary, nothing but asthenia, adynamia, and their fatal consequences. To both, we would say, bleed to fulfil certain indications, and stimulate when the symptoms seem to call for it. Exclusivism in medicine is a disgrace to the science, and should not be tolerated. Let practical medicine aspire to something more than a thing of fashion—to be patronized into notice to-day, and frowned down to-morrow.—*New Orleans Medical and Surgical Journal.*

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*Cyanosis of Infants.*—Dr. Meigs, Professor of Midwifery in Jefferson Medical College, read before the Academy of Sciences at its session June 16th, a note upon this subject. Infants die in this case, said Dr. Meigs, from the presence of a black, venous, non-oxygenated blood, in the encephalon; it is in the arteries of the brain that this blood becomes destructive to life, acting not as a poison, but simply because of its incapacity to excite the innervation in this organ. The whole world knows the anatomical cause of these phenomena—it is the persistance of the foramen ovale.

The occlusion of this foramen being prevented, because the sanguine torrent coming from the vena cava inferior, raises and keeps raised, the inter-auricular valve, which is thin and



floating—Dr. Meigs conceived the idea of placing infants laboring under cyanosis upon the right side, with the head and trunk slightly elevated, in order that the inter-auricular septum might become horizontal, and that the blood contained in the left auricle might press with all its weight upon the valve which would thus be closed. Dr. Meigs has seen, that at the very instant when infants were placed in this position, the blue coloration would disappear, proving that there no longer penetrated into the arteries anything but oxygenated blood. Dr. Meigs affirmed that he had rescued from death from fifty to sixty infants in a hundred by this method, while all the other means employed to the present day, as is well known, have been unsuccessful.—*Gazette Médicale de Paris.*

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*Ipecacuanha, in Emetic Doses, as a Powerful Restorative in some Cases of Exhaustion and Sinking.*—By JOHN HIGGINBOTAM, F.R.C.S., Nottingham. (Read before the Nottingham Medico-Chirurgical Society, May 23, 1845.)—In the year 1814, I was first led to see the extraordinary beneficial effects of ipecacuanha, as an emetic, in a female forty years of age, who was in a sinking state, in the last stage of cholera; her countenance was shrunk, extremities cold, cramp in the legs, and other symptoms of approaching dissolution. I had previously attended two similar cases, where I had given opium, brandy, and medicinal cordials, and both patients died. I was induced, in this instance, to give a scruple of ipecacuanha, from having frequently seen the good effects of it in the early stage of the disease. After the lapse of two or three hours, I again visited my patient, fearing I should find her dead, but to my great pleasure and surprise, so great a change for the better had taken place, as to appear almost incredible; the whole of her body was of a natural warmth, the dangerous symptoms had disappeared, and she made no complaint, except that she was very weak. She had no further unfavorable symptom of the disease, and was soon convalescent.

My confidence in the ipecacuanha, as a remedy in such cases, has now been confirmed during the practice of thirty years; the purging, vomiting, and cramp, often entirely cease after the emetic operation of the ipecacuanha, but I have thought it proper to give, in about two or three hours after the emetic, a pill, with a grain of opium and five grains of the blue pill, to allay any remaining irritation of the stomach and intestines, and an aperient, with one scruple of rhubarb and two of the sulphate of potash, to assist the natural action of the bowels, and a simple saline effervescing draught every two or three hours afterwards: weak tea, well-boiled gruel, milk, with sago or arrow root as nutriment, and diluents.—*Dublin Med. Press, in Western Journal of Med.*

*Vinegar in Cases of Narcotic Poisoning.*—Dr. Clapp finds vinegar an excellent adjuvant to emetics, in cases where narcotics have been taken into the stomach in doses to overcome the excitability of that organ. He has succeeded in bringing on vomiting by administering this acid when the emetic was about to fail. He mentioned to us the following instances. A man, in a fit of mental despondency, swallowed an ounce of laudanum on an empty stomach. In about an hour, he was visited by Dr. Clapp, and was found insensible, with stertorous, convulsive breathing. Sulphate of zinc was administered to the extent of a hundred grains, and his fauces were tickled with a feather, but vomiting was not induced. The doctor gave him a pint of vinegar; emesis soon took place, with the relief of all the alarming symptoms.

Two children swallowed a number of seeds of the stramonium at different times. In the case of the first, the ordinary means of exciting emesis were tried ineffectually, and the patient recovered.

These facts are valuable, and a knowledge of them may save the lives of many individuals. We know how often children are sacrificed by the indiscreet use of opiates, and how frequent cases of poisoning by opium, the Jamestown weed, &c., are becoming in this country. If vinegar gives activity to emetics in such cases, it is an important auxiliary. Let it be tried.—Dr. Yandell, in *Western Journal of Medicine*.

*Hooping Cough.*—A correspondent at Ipswich says—Seeing some useful remarks by Mr. Waddington, in the *Lancet* for June 21st, on this distressing complaint among children, I beg to call his attention, as well as that of the profession generally, to the speedy relief afforded by the following simple remedy, viz: from fifteen to twenty drops of diluted sulphuric acid, P.L., mixed in a teaspoonful of moist sugar, taken three or four times a day. I sometimes prefer giving an ounce of this “elixir” in a pint of water, with two ounces of simple syrup; the dose, a tablespoonful three or four times a day. This popular remedy has been found so useful here, during the last two or three years, as to be considered almost a specific. Permit me also to take the opportunity of calling the attention of the profession to the great utility of emetics, particularly sulphate of zinc, in all cases of *asphyxia*, or suspended animation, as well as in convulsions.—*Boston Med. and Surg. Journal*, from *London Lancet*.



# ILLINOIS MEDICAL & SURGICAL JOURNAL.

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## DISEASES OF THE SUMMER AND AUTUMN OF 1845.

The past season has been marked, throughout the whole of Northern Illinois, and, as far as we are informed, in the adjoining States and Territories, by an unusual prevalence of disease, unequalled since the well known "sickly season" of 1838. The diseases mostly prevalent, have been Intermittent and Remittent Fevers, which, however, have not by any means been so fatal as those of the period just mentioned.

The Summer was unusually warm, but the drought, felt in many parts of the country so severely, did not extend to this region. But few cases of these diseases were observed before the month of July, during which, a very considerable number of cases occurred; the attacks increasing in frequency and severity during the month of August, and gradually diminishing, so as almost to cease in September. As usual, gastric and intestinal derangements were prevalent for several weeks before the appearance of these fevers, varying, however, in intensity, from those of the mildest character to the most severe cases of Cholera Morbus, Diarrhœa, and Dysentery. These were also the uniform forerunners of the febrile diseases, prevalent in former years. In regard to the Intermittents of the past summer and autumn, we have noticed nothing peculiar; they have been mostly of the mildest character, and arrested almost universally by the *sul. quinine*, in the dose of from ten to fifteen grains, administered immediately before the accession of the paroxysm. A repetition of the dose was but rarely required. An attack of the Remittent fever, was usually preceded by diminution or loss of appetite, with diarrhœa, alternating with costiveness. These, we have ascertained in numerous instances, to be the first perceptible deviations from a state of health, and they were succeeded by

the langour, lassitude, and inability to mental or muscular exertion, sometimes noticed as the first symptoms of the disease. When these had continued for a time, the patient was attacked with shivering, sometimes slight, and alternating with flushes of heat, at other times persisting and attended with trembling. Pain in the head, back, and limbs, restlessness, thirst, and nausea, were the attendants upon this stage. The hot stage soon succeeded to the cold, and in this, the symptoms we have just mentioned were increased together with the re-action and activity of the circulation. No definite limits can be assigned for the continuance of the hot stage, this varying from a few hours to two or three days, when it was followed, in most cases, by a very perfect remission, and in many, by abundant and general perspiration. The second accession of the febrile paroxysm (when it occurred) and its course, were similar to those of the first, but in nearly every case, such return was prevented by proper treatment. No cases occurred within our knowledge of a congestive form, or in which the re-action did not take place. On the whole, we should say that the Remittent fever of this season, was distinguished from those of 1838 and '39 by its greater mildness, and by the more constant presence of symptoms of gastric affection. The treatment which we found most successful, was the administration in the earliest stage of free evacuants, of Emetico-Cathartics, or a purge of Calomel without the emetic. These were followed at the earliest symptoms of remission by the sul. quinine, in quantities of from  $\mathfrak{zj}$  to  $\mathfrak{zjss}$ , given usually in doses of gr. v., repeated every three hours. This rarely failed to arrest the disease, and when it did not, had the uniform effect of greatly moderating the second paroxysm. This manner of administering the quinine was preferred after numerous trials, to the use either of smaller or larger doses, as being most effectual and attended with fewest inconveniences. In some cases of great irritability, it was combined with opium with advantage, gr. j. being added to each dose, and in others of imperfect remission with diaphoretus. We are well aware that quinine, either alone or combined with opium, has been administered in many parts of the country, in much larger doses than those we have named, but we think these sufficient and preferable for the management of the disease as it occurs in this latitude. Scarcely



any cases were accompanied with such local affection as to require the use of blood-letting; and out of a great number of cases, no opportunity presented itself of studying the morbid anatomy of the disease. This diminished mortality from that of former years, we ascribe principally to two sets of causes: 1st. To the use of a more judicious practice, instead of that by drastic purgatives, which formerly prevailed. 2d. To the milder character of the disease, induced by the more general cultivation of the country, and the amelioration of the condition of the inhabitants. We have abstained from a more detailed description of the disease, from its being so familiar to our readers, and from all speculations upon its cause which are of little practicable utility. We may add, however, that the Intermittent and Remittent fevers, from the manner in which they appear in common, as well as from the effects of similar treatment in both, are to be regarded only as different forms of one and the same affection. D. B.

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## BIBLIOGRAPHICAL NOTICES.

*The Principles and Practice of Obstetric Medicine and Surgery in reference to the Process of Parturition.* Illustrated by one hundred and forty-eight figures. By FRANCIS H. RAMSBOTHAM, M.D., Fellow of the Royal College of Physicians. Consulting Physician in Obstetric Cases to, and Lecturer on Obstetrics and Forensic Medicine at the London Hospital, &c. &c. A new edition, from the enlarged and revised London edition; pp. 519; 8vo. Philadelphia: Lea & Blanchard, 1845. (From the Publishers.)

This is a reprint of the last London edition, which has been revised and much enlarged by the author. The first edition, by its extensive circulation in this country and Europe, proved its own merit. To the present edition the author has added essays on the Diseases of the Pregnant and Puerperal states, and on Abortion, with an appendix containing valuable statistical tables, founded on the Practice in the Royal Maternity Charity. The work as it now stands has been deservedly pronounced "the best authorized exponents of British Midwifery." The figures are numerous, and in design most admirably adapted to illustrate the subject, and in execution, as lithographic specimens, are scarcely to be surpassed. As a work on pure Obstetrical Science, we do not hesitate to pronounce it the most complete that it has been our pleasure to examine. With clear type, good paper, and capital exe-

cution, it forms a very handsome volume, and a most valuable addition to the library of every practitioner or student of medicine. (It may be obtained of Messrs. Brautigam & Keen, Chicago.)

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*A Dictionary of Terms used in Medicine and the Collateral Sciences.* By RICHARD HOBLYN, A. M., Oxon. First American from the second London edition, with numerous additions, by Isaac Hays, M. D., editor of the American Journal of the Medical Sciences. Philadelphia: Lea & Blanchard, 1845. (From the publishers.)

This is a neat duodecimo volume, intended as a convenient manual of reference, for the definition of medical terms and their etymology. It is not intended to take the place of larger works, but from its conciseness and clearness when definitions and not essays, are required, is more convenient for constant reference. To the English edition the American editor has made additions and alterations, adapting it to the wants of the American readers. He has introduced the native medicinal plants, and brought the work into conformity with the U. S. Pharmacopœe. This little volume should be on the table of every practitioner, and in the possession of every medical student. (For sale by Brautigam & Keen, Lake street, Chicago.)

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*The Half-Yearly Abstract of the Medical Sciences.* Edited by W. H. RANKING, M. D., Physician to the Suffolk General Hospital. New York: J. & H. G. Langley, 1845.

We have been favored with the first half-yearly number of Vol. I, of this new and valuable periodical. It professes to be "a practical and analytical digest of the contents of the principal British and continental medical works, published in the preceding six months; together with a series of critical reports on the progress of medicine and the collateral sciences, during the same period." In the present number, these professions are excellently well carried out. The half-yearly number contains 372 pages, and presents a complete synopsis of the advances made in the medical sciences for the last six months. Not the least among the many excellencies of the work, is the admirable arrangement of the various excerpts and reports; the convenience of reference being thus materially facilitated. Departments of medical science, but too much neglected in other retrospects, receive in this the notice their growing importance deserves. Among these may be mentioned Pathological Chemistry, Forensic Medicine, Physiology and Microscopic Anatomy, the reports on which, in



addition to those of the branches more usually discussed in similar periodicals, are full and satisfactory. Republished at the remarkably low price of \$1.00 a year, in advance, we have no hesitation in pronouncing it the cheapest periodical within our knowledge. Subscriptions, &c., to be addressed to the care of J. & H. G. Langley, No. 8, Astor House, New York. ED.

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## MEDICAL INTELLIGENCE.

LEXINGTON, KENTUCKY, Sept. 17, 1845.

*To the Medical Public.*—The Chair of Obstetrics and the Diseases of Women and Children, in the Medical Department of Transylvania University, is at present vacant; and with a view to fill it in the best possible manner, applications for the appointment are invited from the medical profession. Communications on the subject must be sent to the Dean of the Medical Faculty, prior to the 30th day of January next, when the selection will be made. It is proper to state, that the successful candidate will be required to make Lexington the place of his permanent residence, and that the name of no other applicant will be made public.

M. C. JOHNSON,

Chairman of the Board of Trustees,  
Transylvania University.

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## PRACTICAL MEDICINE, &c.

We would invite the careful attention of our surgical readers to the following observations from the lectures of Sir Benjamin Brodie, now in course of publication. Having space for but a small part of his observations, we are obliged to refer to the work itself for further information. In the mean time, by directing attention to the subject of Hysterical affections, simulating scrofulous diseases of the hip joint, we hope to render a service to the profession, perhaps also to some patients laboring under the disease.

The liability to hysteria is, in fact, among females, one of the severest penalties of high civilization. It is among those who enjoy what are supposed to be the advantages of affluence and an easy life that we are to look for cases of this description, not among those who, fulfilling the edict of the Deity, "eat their bread in the sweat of their face." I do not hesitate to declare, that among the higher classes of society, at least

four-fifths of the female patients, who are commonly supposed to labour under diseases of the joints, labour under hysteria, and nothing else.

Frequently the symptoms are referred to the hip-joint. They then have a considerable resemblance to those of diseases in the bones or cartilages, yet a minute examination of the case will rarely leave you in doubt as to your diagnosis.

There is pain in the hip and knee, which is aggravated by pressure and the motion of the limb, and the patient often lies fixed in one position on the bed or sofa. You will say, "are not these indications of a diseased hip-joint?" But observe further. The pain is not in general fixed in any one part: it belongs to the whole limb. The patient winces, and sometimes screams, when you make pressure on the hip, but she does the same if you make pressure on the ilium, or on the side as high as the false ribs, or on the thigh, or even on the leg as low as the ankle; and everywhere the morbid sensibility is chiefly in the integuments. If you pinch the skin, lifting it at the same time off the subjacent parts, the patient complains more than when you forcibly squeeze the head of the thigh-bone into the socket of the acetabulum. As her attention is more directed to the examination, so the pain, which she suffers from it, is aggravated; and if her mind be occupied in conversation, she will scarcely complain of that, which would have occasioned torture otherwise. There is no wasting of the *glutæi* muscles, and no flattened appearance of the nates; and the aspect of the patient is different from that you would expect to find if the bones and cartilages of a joint were in a state of ulceration. Neither are there those peculiar and painful startings of the limb at night, attended often with frightful dreams which mark the existence of the last disease. The pain will sometimes prevent the patient falling asleep, but, if once asleep, she sleeps soundly for many successive hours; and this state of things may continue for weeks or months, or even for years, without leading to abscess, or any further ill consequences. There may be a suspicion of abscess, (I have known this in a great number of instances) but the suspicion is never realized. Sometimes there is a general tumefaction of the thigh and nates, the consequence either of a turgid state of the small vessels, or of an effusion into the cellular texture (I suppose of the former, as the parts do not *pit*, or remain indented after pressure); but this is entirely different from the swelling of an abscess. In a few rare instances there is a more defined and circumscribed swelling, but still it is altogether different from that of abscess. There is no perceptible fluctuation, and I can compare it to nothing better than a wheal of urticaria of unusual magnitude. A careful examination will always enable you to distinguish these swellings from abscess. For the satisfaction of others,



I have sometimes made a puncture with a grooved needle, or some other convenient instrument, the introduction of which would have detected matter, if matter had existed.

I have said that, in these cases, there is no wasting of the glutæi muscles, and no flattened appearance of the nates. It is, however, not uncommon to find much alteration in the figure of the parts, of another kind; namely, a bulging of the pelvis posteriorly, at the same time that it is elevated, on the side of the disease, so as to make an acute, instead of a right angle, with the column of the vertebræ. Of course, under these circumstances, the limb is apparently shortened, and when the patient stands erect, the heel does not come in contact with the ground. A superficial observer may be led to believe that there is an actual dislocation of the hip; and, indeed, it requires a careful examination to enable the surgeon to understand that all this strange distortion is but the result of the predominant action of certain muscles, and of a long-continued indulgence in an unnatural position.

When the symptoms are referred to the knee, they bear a near resemblance to those which have been just described. There is great tenderness of the joint; but the patient suffers more from pinching of the skin than pressure, and the morbid sensibility extends for some distance up the thigh, and down the leg, perhaps as low as the foot and ankle. She suffers less from an examination when the attention is fixed on other matters than when it is directed to the affected parts; and she does not usually complain when pressure is made on the heel, so as to press the articulating surface of the tibia against that of the femur, provided that care be taken at the same time to produce no motion of the joint. In most instances the leg is kept extended on the thigh, whereas, in cases of real disease in the knee joint, it is usually a little bent. The symptoms may continue in this case, also, without any material alteration for an indefinite time; for weeks, or months, even for years, the joint retaining its natural size and figure: but occasionally a slight degree of tumefaction is observable, especially on the anterior part, over, and on each side of, the ligament of the patella. The tumefaction is not to be confounded with a general enlargement of the joint, by which surgeons are frequently perplexed and misled, the result, not of the disease, but of the remedies employed. I refer to cases which have been misunderstood, and mismanaged by the application of blisters, issues, and a succession of various counter-irritants.

What I have now stated may be sufficient to enable you to understand the nature of the symptoms which you may expect to find where these hysterical affections occur in the other joints of the extremities. The following observations are equally applicable to all these cases, and while they are

necessary to complete the history, will be found of use in enabling you to form a correct diagnosis.

The patients thus affected are, for the most part, not much above the age of puberty.

In many instances they labour under some irregularity with respect to menstruation; while in others this function is in no respect different from what it is under circumstances of perfect health.

Those who labour under habitual coldness of hands, have a weak small pulse, and afford other indications of a feeble circulation, are more liable than others to suffer in this manner; yet occasionally we find these symptoms existing in combination with a florid countenance and a sufficient development of animal heat.

In some instances the joint to which the symptoms are referred, and even the whole limb, is affected with a remarkable alternation of heat and cold. Thus in the morning the limb may be cold, and of a pale or purple color, as if there were scarcely any circulation in it; while towards the afternoon it becomes warm, and in the evening is actually hot to the touch, with the vessels turgid and the skin shining. This state of things is often a source of serious alarm to the patient, and even to the medical attendant, but I never knew it to be followed by any ill consequences.

The majority of the patients thus affected exhibited other proofs of their liability to hysteria. Sometimes they have been subject to the usual paroxysms of hysteria, which have ceased on the local symptoms showing themselves; and a recurrence of the former has been followed by an abatement of the latter, or by complete recovery from them.

Not unfrequently the origin of these symptoms may be traced to a severe illness, which has left the patient in a state of great physical exhaustion; at other times they are as clearly to be attributed to some moral having a depressing influence on the constitution. In like manner the agency of moral causes, especially of those which compel the patient to make much physical exertion, often leads to her recovery. But we must not be led by this last-mentioned circumstance to adopt the harsh conclusion, that these symptoms exist only in those who are of a fanciful and wayward disposition. Young women of the highest moral qualities, and of the strongest understanding, are not exempt from these maladies; but it must at the same time be acknowledged that a cure is more easily attained in them than it is in others.

Although there are none of those painful and involuntary startings of the limbs which occur in combination with caries of the joints, spasmodic actions of the muscles of the limbs are not uncommon in the cases of which I am now speaking. In some instances convulsive motions of the limbs are produc-



ed, by pinching, or even lightly touching the integuments. These bear no very distant resemblance to the movements of chorea; and it is worthy of notice, that they do not occur if it can be managed, at the same time, that the attention of the patient should be otherwise directed. I have also known them to take place independently of any manifest exciting cause. In some cases which have fallen under my observation, the limb was at irregular periods violently agitated, so as almost to throw the patient off her couch.

In these cases there is always a sense of weakness in the limb, which for obvious reasons becomes aggravated in proportion as the muscles have been for a longer time in a state of inaction. While the pain and morbid sensibility of the joint are gradually subsiding, the sense of weakness increases, until at last it is the predominant symptom. Under these circumstances the patient often says, "I have no pain, but I cannot walk, because the limb is so weak." Weakness of the muscles, however, is not the only circumstance which interferes with the speedy recovery of the use of the limb in these cases. The tunics of the small blood vessels, when the limb has been long kept in the horizontal posture, seem to partake of the condition of the muscles; and when the foot is first put to the ground, the skin assumes in consequence, a red color; sometimes amounting to a purple hue, as dark as that which, when limited to a particular spot, is often the precursor of a vesication.

The symptoms which have been described for the most part come on gradually. In the majority of cases they subside gradually also; but sometimes it is otherwise, and they vanish all at once without any evident cause. For example: in the year 1834 I was consulted respecting a young lady labouring under a well-marked hysterical affection, simulating disease of the hip-joint. As she was not a resident of London I had no opportunity of watching the progress of the case, but I have lately received the following account of it from Dr. Mortimer, the surgeon at Haslar Hospital:—Her symptoms had continued nearly unaltered for nearly two years, when one night, on turning herself in bed, she said that she had a feeling as if something had given way in her hip, and from that moment she was quite well.

Another young lady was brought to London for my opinion in October, 1833. She also was supposed to labour under a disease of the hip-joint. After a careful examination of her case, I was satisfied that it was one of hysterical affection, and that there was no actual disease of the joint. I recommended her to leave her couch, to which she had been confined, and to take exercise, especially on horseback. Being a sensible and well disposed person, she followed this advice, in spite, I doubt not, of a good deal of inconvenience in the

first instance. After the lapse of a year, I received from her father the following statement respecting her:—"In pursuance of your advice, she began to use the limb more freely, but with little alteration as to pain and lameness until about six weeks ago, when, by a fall of the donkey on which she was riding, she was thrown over the animal's head, standing on the foot of the lame limb, with her weight upon it. She felt immediately what she describes as a sudden snap, as if something near the joint had given way. This was attended with a violent acute pain, which, however, lasted only a short time. She was replaced on the donkey, and rode home, a distance of four miles. To her great surprise, the former habitual pain had entirely discontinued, and there has been no return of it since. She was able to walk up and down stairs without difficulty or pain, and now walks a considerable distance, using the one leg as freely and as well as the other. Her general health is improving rapidly, although she is still weak. There has been no hysterical fit since the accident; in short, the cure has been complete." However, the cure was not permanent. Three months afterwards the complaint recurred, having the same character as formerly, except that it was not now combined, as it had been in the previous attack, with other hysterical symptoms. She was at this time on the continent, and I have not heard the result of the case.

I have hitherto described these cases as if the symptoms were peculiar to the female sex; but it is not so in reality; I have known several (though by comparison certainly rare) instances of males being affected in the same manner. I employ the term hysteria because it is in common use, and because it would be inconvenient to change it for another; but the etymology of it is undoubtedly calculated to lead to a great misapprehension with respect to the pathology of that disease. It belongs, not to the uterus, but to the nervous system; and there is no one who is much engaged either in medical or in surgical practice, who will not be able to bear testimony to the accuracy of Sydenham's observation on this subject:—*"Quinimmo non pauci ex iis viris qui vitam degentes solitarum, chartis solent impallescere eodem morbo tentantur."*

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*Gout and Rheumatism—their Pathology and Treatment.*—Dr. Bence Jones's treatise,\* in which he endeavors to apply the physiological and chemical doctrines of Liebig to the elucidation of the pathology and therapeutics of gravel, calculus, and gout, has already been noticed in this Journal. Dr. Todd,† though admitting the humorial origin of gout and rheumatism,

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\* On Gravel, Calculus, &c., by H. Bence Jones, M. B.; London, 1842.

† Croonian Lectures, by R. B. Todd, M. D., 8vo. 1843.



denies that lithic acid is the *materies morbi* in gout, which must, he thinks, be looked for as a compound derived from the unhealthy action of the stomach and duodenum, and which being taken into the blood, unites with elements of bile that have accumulated there, through defective secretory action of the liver. The copious deposits of lithic acid often observed in the urine for weeks or months without the occurrence of gout, he thinks sufficiently prove that lithic acid cannot be the *materies morbi*, and in like manner he infers, from the non-existence of lithic acid in excess, in the urine in certain cases of gout, "that the morbid element of the disease may be present independently of lithic acid;" and he particularly insists that low, depressed states of the system are favorable to the development of the gouty paroxysm. Rheumatism he believes to consist in the presence of the same morbid element (lactic acid) in the blood, and calls attention to the important fact that the rheumatic diathesis may exist without presenting the usual phenomena of rheumatism, and that in this condition the heart may become seriously affected. The cardiac inflammation may in fact be primary, and when co-existing with the articular affection, is not usually to be viewed as the result of metastasis. He devotes a chapter to the connection of rheumatism and uterine derangement, and adduces important reasons for believing that the accumulation of rheumatic matter in the blood may be the result of defective uterine action.

M. Briquet having employed with advantage sulphate of quinine in the treatment of typhoid fever, has had recourse to it in acute rheumatism. In his memoir, read to the French Academy,\* he has detailed 23 cases treated in the following heroic manner: On the first day, 4, 5, or 6 grammes (3j to 3iss.) of the sulph. quinae (according to the age, &c., of the patient) were given, suspended in mucilage, in divided doses in the course of twelve hours. The same doses were repeated on the second and third days, when the symptoms had usually abated, and the doses were gradually diminished by grs. xx. per diem. The average duration of the pain and swelling of the joints was from three to five days. In more than one third there was cardiac complication, recent or chronic. In all but four there was a marked abatement of the symptoms in twenty-four hours. The date of the affection did not influence the cure. Relapses occurred in two only. M. Devergie, in testing Briquet's statements† began with smaller doses, and gradually increased them, and made trial of the same remedy in chronic cases. He confirms Briquet's views, except that in acute cases he would give

\* é Sance, Oct. 15, 1842; Gazette des Hôpitaux, Nov. 17.

† Gazette Médicale, Dec. 30, 1842.

smaller doses than in the chronic. Other examples of the efficacy of Briquet's plan may be found scattered through the French journals, and Signor Mascheroni treated 40 cases in the Lodi hospital\* with the best results, two or three only presenting any cardiac affection. The general result, however, of the investigations to which Briquet's memoir has led, is decidedly opposed to both the safety and utility of his plan. Several fatal cases have occurred in the French hospital† from these heroic doses. The conflicting opinions in reference to the toxical effects of large doses of quinine induced M. Melier to investigate the whole subject afresh, and Messrs. Andral, Beguin, &c., have reported on the memoir presented by Melier to the French Academy.‡ His experiments sufficiently prove the poisonous effects on dogs, of large doses, viz: gr. 15 and upwards. The blood was always found fluid, and the brain, lungs, and gastro-enteric mucous membrane, congested. The symptoms in men and dogs are similar, viz: intoxication, disturbance of the senses, diarrhœa, hæmaturia, amaurosis, deafness, (very frequent) aphonia, delirium, coma, epileptiform, convulsions, and death. [These statements correspond with those of Giacomiri, as the result of his experiments; "*Annali Univers. di Medicina.*" March, 1841.] Melier shows that the utility of moderate doses of quinine in certain forms of rheumatism had been long ago pointed out by other physicians, e. g., Morton, Leroy, &c., and the reporters refer to Haygarth's clinical researches, who obtained the best results from doses of gr. 10 and upwards of *bark* every four hours. Dr. Popham's observations on this subject§ induce him to believe that bark is most useful in the fibrous form of rheumatism, and after the more acute symptoms have been combated by antiphlogistic means. If cardiac symptoms are present, the bark should be deferred until these are overcome. Periodicity of the symptoms, whether produced by the treatment or peculiar to the attack, calls for bark, and especially when profuse colliquative acid sweats are present, and the pulse small and feeble. Dr. J. J. Furnival|| contends that acute rheumatism consists essentially in an acid state of the blood, and that the best treatment consists of the use of alkalis and antiphlogistics, since adopting which, he has never met with a single example of cardiac complication. The treatment of rheumatism by large doses of nitre has also attracted much attention, M. Martin Solon¶ appears to have been led to this mode of treatment by the observations of

\* *Gazetta Medica di Milano*, Feb. 1843.

† *L'Examineur Medicale*, t. iii., No. 16: and *Gaz. des Hôp.* 11 April, 1843.

‡ *Bulletin de l'Acad. Roy. de Méd.*, 31 May and 15 June, 1843.

§ *Dublin Medical Journal*, Sept. 1844.

|| *Lancet*, June 1, 1844.

¶ *Bull. de l'Acad. Roy. &c.*, t. ix. p. 130. See also, for further observations on nitre treatment, *Allgem. Med. Cent. Zeitung*, 25 Mar. 1843, par Dr. C. F. Bartels.



Brocklesby, Macbride, and others, and by the consideration of the contra-stimulant, temperant qualities of the salt. Since 1840 he has thus treated 33 cases of severe acute rheumatism, demanding active means, of which 20 were cured from the second to the seventh day of treatment. Nitre, he states, is easily tolerated by rheumatic patients in doses of from 3v. to 3xv., in the 24 hours, if given in large quantities of diluent drinks. It is in acute cases only that it is useful, and its sole apparent effects are diminution of the heat of the skin, and of the frequency of the pulse. It prevents the occurrence of endocarditis, and shortens the period of convalescence; but in complicated cases does not supersede the necessity for blood-letting. M. Monneret,\* however, in an instructive memoir on the comparative effects of treatment by colchicum, nitre, and blood-letting, states that the influence of nitre on the progress of eight severe cases appeared absolutely null. Neither the heat of the skin nor quickness of the pulse was in the least affected. Professor Forget,† on the contrary, contends that nitre in large doses is a remedy of real efficacy in certain cases, and that in doses of from 8 to 45 drachms, given with diluents, it is rarely productive of any ill consequences. M. Requin's experiments‡ are strongly corroborative of the efficacy of Dr. Corrigan's treatment by opium, but do not justify the abandonment of depletion.—*Brit. and For. Med. Rev.*, in *Bull. of Med. Science*.

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*Case of Ascites, cured by the Injection of a Stimulating Fluid into the Peritoneal Cavity.*—Mrs. Newman, of Warren county, N. J., aged 40, mother of eight children, had been in declining health for a year or more previous to Dr. Clark's seeing her; a short time before which she was supposed to be again with child. Her debility and emaciation increased, and also a distension of the abdomen, added to which she had a prolapsus of the bladder. Dr. Clark saw her for the first time on the 30th of November, 1843; he found her in this miserable condition, with poor appetite and fever, suffering constant uneasiness while sitting, and pain when on her feet. All ordinary remedial medical agents were used to no purpose, and on the 14th of December, Dr. C. deemed it necessary to perform paracentesis abdominis, and he drew off 5½ gallons. She bore the operation well. Emaciation, however, continued to advance. She now submitted to small bleedings, and the belly filled more slowly. On the 4th of January, 1844, she was again tapped, and gave 3½ gallons; her decline was now more rapid; no appetite, and great emaciation. It now seemed evident to Dr. C. that but one more tapping could be

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\* Arch. Gén. de Méd., 1844. p. 239.

† Bull. Gén. de Thérap., t. xxv., p. 5.

‡ Bull. l'Acad., Oct. 1843.

borne—he considered that the debility induced by the operation would so lessen the liability to inflammation, that he felt justified in injecting an astringent infusion, and thus produce some alterative effects upon the secreting surface of the peritoneum. On the 23d of February, she was subjected to the operation the third time; 3 gallons were removed. She was now very prostrate, requiring powerful stimuli. Her physician had prepared an infusion of the dried sliced fruit of the persimmon, [*Diospyros Virginiana*); with this he charged a ten ounce syringe, to which he attached a large sized catheter. This he introduced several inches into the wound in the abdomen—he allowed it to remain in ten minutes, when the belly was emptied by pressure upon its walls. The doctor continued his personal attendance at the bedside 24 hours. Prostration was extreme; but reaction became established at the end of 24 hours, and in 36 she had some fever, and great tenderness of the abdomen. She could not move nor speak above a whisper during the first 36 hours. Tepid fomentations were applied to the abdomen, and continued until a bandage could be borne.

A profuse bronchorrhœa had now set in, and in an hour a large silk handkerchief would become saturated. This was on the third day after the last tapping—it was checked by inhalations of chlorine—this drove the water from the lungs to the skin. The diaphoresis becoming too profuse, it was stopped principally with lime water, and frictions with pepper and brandy. After four or five days, the discharge from the lungs returned, and a similar medication drove it again to the skin. The same applications were re-applied, and at the same time the inhalations. During the metastases, the water discharged decreased in quantity, and the patient's appetite increased. A gastrorrhœa now occurred; constant nausea, frequent retching, and some vomiting at intervals. An emetic was given, and the morbid tendency seemed overcome. The urinary secretion became fully established, and she recovered, so that by the 10th of June, 1844, all her functions were fully restored, and since that time she has enjoyed perfect health.

I make no comment on the case, and would merely call attention to the recent experiments of M. Velpeau, an account of which was given in a number of the *American Journal* of last year.

The report of the above case was placed at my disposal by Dr. William C. Clark, an eminent practitioner of twenty years standing, and who had charge of the patient.—*American Journal of Medical Science.*

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*Delirium Tremens.*—The following remarkable case of delirium tremens, is given by Mr. S. Flood, in which, after try-



ing opium fully, with tartar emetic, digitalis, &c., without effect, belladonna was employed in the following way. A large plaster having been applied between the scapulæ, the cuticle was stripped off, three inches long and two wide, and a plaster of pure extract of belladonna applied to the denuded surface. The man was, at the time, in a state of furious delirium, with contracted pupils, pulse 100, weak, and very irritable; and had not slept for 360 hours. So acute was the pain produced by the plaster, that he was instantly subdued; and entreated its immediate removal. In three minutes he ceased to complain; in five minutes there were slight twitchings of the muscles of the face and arms, his utterance became indistinct, and he kept up a stupified laugh like a man much intoxicated; the pupils began rapidly to dilate, and in seven minutes were open to their fullest extent. He now became very drowsy and begged to lie down; the belladonna, therefore, was sponged off, simple ointment applied, and he then fell back on his pillow, and in nine minutes from the first application was in a profound sleep, which lasted for seven hours. During the sleep, which was free from stertor, the pulse fluctuated remarkably. At the commencement it was 110, small and irritable; in five minutes it rose to 140; and in twenty minutes to 160; then gradually fell, till at the end of six hours, it had sunk to 108, and was full and soft. At the end of seven hours he awoke quite quiet, but after staring about him in stupified astonishment, soon relapsed into his former state of wildness. Opiates were now tried again in large doses, but without effect, and as he was apparently sinking from prolonged excitement, belladonna was applied, in the same way, a second time, two days after the first application. The same chain of phenomena followed, and sound sleep was induced, which continued for nine hours and a half. On the following day, belladonna was a third time applied, but to the same surface; and from this time he gradually improved. Dr. Fosgate\* recommends the union of ammonia with opium, not only as aiding to sustain the powers of the system, but also as modifying the influence of opium, diminishing its poisonous, and increasing its therapeutic action.—*B. & F. M. Rev.*

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*Extreme Mercurial Salivation.*—To the editor of the Boston Medical and Surgical Journal:—Dear Sir, As the subject of mortification of the mouth appears to be attracting the attention of several writers in your late Nos., and a doubt expressed as to the cause of it, whether attributable to mercury or not, I will offer a few remarks. I do this the more readily when considering the fatality of the disease ordinarily.

Here it is not only a popular opinion, but one sanctioned by the medical public, that mortification of the mouth following fever after the use of mercury, is as much the extreme

grade of salivation as is the simplest pyalism produced by that agent. It is termed dry salivation. It has the mercurial odor, and it yields to the same remedies, medicated, however, proportionally to the increase of violence. In your No. 25, Vol. IV., Aug. 2, 1831, you did me the honor of republishing two cases reported by me to the Transylvania Journal of Medicine. They were children of 8 and 11 years. They had been very stubborn fever cases previous to the appearance of the gangrene of the mouth. I cut away portions of it, and freely insinuated a strong lotion of muriatic acid and water, diluting it as the disease appeared yielding. The accompanying fever was kept down by active doses of the comp. pow. jal. In a few days they were relieved, notwithstanding in one of them half the inside of the upper jaw and cheek adjoining was thus diseased, with all the accompanying symptoms of hideously swollen face, &c., &c. Since that time I have had cases of all ages, from infancy to the octogenarian, and of all grades, from the mildest increase of saliva to mortification, and find the remedy equally adapted to all. I will give some particulars of a case in point.

November 16th, 1831, I was called to Mr. P. B., one of the companions of Daniel Boon, a very old man. He had an attack of congestive fever, and was treated successfully by Dr. S. A few days after its disappearance, mortification of the mouth ensued. The common remedies were used in vain, and the disease extended rapidly. I found the entire inside of his mouth covered with a soft brownish mortification, with an intolerable stench; he was prostrated, and in a comatose state. I removed portions of the disease, and then applied a lotion of equal portions of muriatic acid and water to the parts freely. This was persevered in several times a day, for several days. His bowels were kept open. His disease was removed in three days.

The only fatal case I have to relate, was a child two years of age. It was in the autumn of 1833. Her disease had been an obstinate diarrhœa, and it was not arrested when the gangrene supervened. She had just changed climates, too, and a cholera atmosphere had been and might still be said to be prevailing. She was a thousand miles north of home.

In all the other cases, the disease for which the mercurial preparation—the proto-ch. hydrarg.—had been given, had yielded *before* the mortification appeared; an important consideration, probably, in the prognosis. The disease is less often met with now than formerly; indeed, some years it is more frequently met with than others. Several years after the cases alluded to were reported, I observed, in the medical journals of the day, muriatic acid mentioned as the favorite remedy of M. Velpeau in the treatment of mercurial salivation.

*Port Gibson, Aug. 26, 1845.*

A. H. PECK.



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*Case of complete inversion of the Uterus successfully treated by E. FISHER, M. D., of Waynesville, Ohio.*

The following case, given in a private communication, is of so much interest, that I know the intelligent author of it will pardon the liberty I have taken in giving it to the public.

Complete inversion of the uterus is fortunately a rare occurrence, but it is not, as supposed by Dr. Lee, always the result of bad management. Where there is contraction of the os uteri, rendering the return of the uterus impossible, by any ordinary means, would it not be better to divide the stricture, compress the uterus to relieve its congestion, and revert it, than to abandon the woman to the horrible consequences of its remaining inverted? At an early period this might be completely successful, and it would be much less objectionable in all respects, than the removal of the whole uterus by ligature, as has been recommended, and frequently, though in most cases fatally, practiced.

J. E.

WAYNESVILLE, Ohio, Nov. 18th, 1845.

PROF. EVANS,

Dear Sir:—The following case of inversion of the uterus may prove of some interest to you, occupying as you do a very important chair in the Rush Medical College.

I should not probably have troubled you with it, had it not been that a medical writer of great celebrity\* treats such cases as beyond the reach of remedies, abandons them to their fate, and denounces all attempts at restoration, as not only useless, but injurious—increasing their suffering without a possibility of success. That his advice would prove safe in a large proportion of such cases, I entertain no doubt; but that

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\* Vide Dewees' System of Midwifery, p. 479.

cases may present, in which the physician would be remiss in the discharge of duty, were he to adhere to such opinions, I think will appear plain from the following

## CASE.

On the 26th of September, 1835, at ten o'clock, A. M., I was called to Mrs. D—— in labour. She was about thirty-five years of age, and had given birth to several children—said that two weeks previously, in attending the funeral of a relative, she rode several miles in a farm-wagon over rough roads, which excited pain in the loins and hips and weakness of the inferior extremities, attended with difficulty of locomotion; all of which continued up to the morning of the 26th.

From the day of the funeral she had felt no motion of the foetus, and to use her language, was "eight months gone in pregnancy." The pains were slight, irregular, and transient. Upon examination I found the pelvis unusually large, the os uteri well dilated, and the membranes protruding. The temperature of the skin was natural, pulse regular, and bowels open.

As I conceived there was but little to fear, I deemed it prudent to give nature time to effect her purpose. X grains of pulvis doveri were administered, which procured an hour's repose. The pains then returned, but continued feeble an hour longer without any appreciable change, when suddenly a violent throe, thrust foetus, placenta, and body of the uterus beyond the labia exteriora.

The foetus was very small and putrid, the funis umbilicalis, as nearly as I could estimate it, (not having any means of measurement,) was eight inches in length. The placenta was detached, and a complete inversion of the uterus had taken place. I was shocked for a moment with the condition of my patient, but knowing there was no time to be lost, I immediately commenced an attempt to return the uterus. I passed the index of the right hand into the vagina, then carried it round the tumor, till I became fully satisfied as to the condition of the parts. The os uteri looked into the pelvic cavity, and the finger could not be brought into contact with it.

The uterus was as flaccid as a wet bladder; a circumstance which inspired a ray of hope that something might be done to relieve the patient from a situation but little more desirable than death. I placed the fingers of my right hand against the



fundus of the uterus, pressing it gently upwards in the direction of the axis of the inferior strait, while the left hand was placed over the hypogastric region to prevent the uterus from rising into the abdomen. I carried my right hand up the vagina a sufficient extent to enable me to return the uterus which was done with less difficulty than could have been anticipated. Not the slightest contraction of either the fundus, body, or neck of the organ took place during the operation. I made an attempt to withdraw my hand and the fundus followed it. And notwithstanding frictions were made over the hypogastrium with the left hand, while the knuckles of the right were caused to press against the fundus of the organ within, the uterus still remained flaccid, and during some minutes manifested no disposition to contract. I ordered ʒj of *secale cornutum* infused in six ounces of water, two ounces of which were to be given every ten minutes; the third portion produced contractions, and by grasping the fundus between the thumb and fingers of the left hand, through the walls of the abdomen, in less than fifteen minutes the contractions became so violent that my hand was forced out into the vagina. No further difficulty ensued. The hemorrhage was less than in an ordinary case of labour at the full period of utero-gestation, and neither pain or syncope occurred prior to or during the reversion of the organ. The practicability of returning the uterus when a complete inversion has taken place, has been doubted by Dr. Dewees, he not having been able to succeed in those cases that came under his observation, on account of the contracted condition of the *cervex-uteri*, and while the fundus and body remained in a relaxed condition. He conceived that, in such cases, the disproportion between the several parts of the organ was so great, and its attachment with the pelvis so low, that any attempt at restoration must prove abortive. In the case of Mrs. D., an injury had been sustained by traveling in a farm wagon over rough roads—a dead foetus retained in the uterus some days—the *funis umbilicalis* some eight inches in length, and when the labour came on the foetus appeared to be expelled almost entirely by the action of the abdominal muscles. In Dewees' cases, atony of the fundus and body existed, while the *cervix* and *os uteri* retained their contractile power. In the case under consid-

eration the fundus, body, cervix, and os uteri were in a state of extreme atony.

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*Verminous Irritation a direct exciting Cause of Diseases not usually attributed to any of the Varieties of Intestinal Worms.* By Dr. J. C. Scott, of Rob Roy, Indiana.

CASE I.—On the 14th April, 1837, I was called to prescribe for a case of erysipelas. This was a well marked case. The inflammation was spread over the arms, shoulders, and face, and the latter was so much tumified as to almost shut the eyes.

The subject of this attack was a little girl, eight years old. There were symptoms of functional disorder of the liver and digestive organs, and I was inclined to refer the attack to this cause. As there was tolerably high arterial action, I had immediate recourse to V. S., and gave an emetic dose of ipecacuana, which operated promptly, bringing off bile.

15th. The emetic given yesterday had produced no discharges from the bowels, and fifteen grs. of calomel, which had been left for the purpose, had been given, and had operated several times. No mitigation of inflammation. Gave small doses of calomel and ipecacuana at appropriate intervals. No external applications were made.

16th. The calomel and ipecacuana had nauseated the stomach, and kept up moderate action of the bowels—discharges green—arterial action a little moderated, but no mitigation of erysipelatous inflammation—face still tumified and eyes almost shut. As the bowels were loose, no purgative medicine was deemed necessary at this time. As an external application, left a weak solution of corrosive sublimate.

17th. Bowels had been moved two or three times during the night, and stomach had been kept a little sick. The solution had been used as directed, but there was as yet no visible change as to inflammation—the face still tumified, and the blotches wearing the same appearance as before. There is, however, this difference. My patient is weaker, and complains of pain in the umbilical region and lower part of the belly. Two dead lumbricoids found in the bed this morning. I had now sufficient reason to apprehend the existence of more



worms in the bowels, and determined to act immediately in reference to this new indication. Accordingly the spigelia was now given, and followed, after a proper interval, with ol. ricini and sp. terebinth.

18th. The medicine last administered, I conscientiously believe, was the salvation of my patient. It operated well, and I was informed by the mother of the patient, that *forty-five* lumbricoids, of various sizes, were dislodged at *one* *dejection*, and some of them very large ones. There was now incredible abatement of the erysipelatous inflammation. The tumefaction of the face was rapidly subsiding—the blotches were fast assuming a paler look, and the whole aspect of the case materially changed. Continued the ol. and turpentine in small portions, at proper intervals.

19th. Visited my patient this morning—a few more worms have been discharged. She has some appetite and is fast recovering. This patient was soon restored to good health.

CASE II.—On the 26th of June, 1838. I was called to visit Mrs. C., aged 30 years. She has had five healthy children, and at the time of this affliction is nursing the fifth one.

For some time previously she had suffered occasional pain in the ankle of the right leg. She had continued to go about tending to domestic duties, though sometimes with difficulty.

On the day before (25th) the pain became so severe that she could no longer walk or move the joint, and when I arrived on the morning of the 26th., the ankle was much swelled, inflamed, and tender. She would scarcely be prevailed upon to suffer it to be examined. The pulse was hard and quick; tongue moderately coated; complained of shooting pain through the head, and there was intolerance of light. Her husband informed me that the day before, she had been seized with a “jerking,” and, as she herself expressed it, “very curious feelings all over,” which lasted several hours. This intelligence gave me the idea that the convulsive muscular action might depend on local irritation, and (I should have mentioned before that this patient had been repeatedly treated for chronic affection of the liver) an irregular condition of the bowels. (Dr. Armstrong, I think, ascribes chorea to the latter condition of the small intestines, and also of the colon and liver.) I bled the patient freely, and after unloading the bowels, gave

alterative portions of calomel suitably combined—made the usual applications to the affected joint, and throughout prescribed as for a well defined case of acute rheumatism. All the medicine seemed to act very well, with but this exception; healthy bile, so far, was out of the question. A blister applied to the lame ankle, had the effect to reduce the swelling in about the proportion of the amount of serum discharged from the blistered part, and did, certainly, in no inconsiderable degree, relieve the pain, but then, there appeared to be paralysis of the limb to a remarkable extent. At first I was of opinion that instead of inability to move the limb, there was want of inclination to do so, from soreness of the part occasioned by the blistering, as also from recollection of pain previously experienced on the slightest motion; but, upon closer examination, I found I was mistaken.

Such is the history of this case up to the 30th. About this time several lumbricoid worms were seen in the dejections.

I was yet an inexperienced practitioner, and did not at all suspect what I now believe to have been the true source of this pain, &c. And besides, not having as yet met with disease in an adult person, the cause of which might be referred to verminous irritation, I was hardly inclined to think that worms had anything to do with the case. Therefore I had no resource to anthelmintics, (unless, indeed, calomel may be so denominated) further than to give a single dose of ol. ricini and sp. terebinth, with the design to work off some calomel, which had been taken in combination with pulv. dov. I often use ol. and turpentine as a physic. I think the combination an excellent one for this purpose. Still, however, the worms continued to come off with the stools, until some fifteen or twenty had escaped; and from this time my patient began to improve. She could now move the leg without the *least pain*, and was perfectly well in a few days.

I am now decidedly of opinion that this was a case of rheumatism, having for its direct, exclusive, exciting cause, *verminous irritation*.

In reference to these two cases, as also to others of striking similitude, one question naturally arises—are they strictly referable to verminous irritation, as the exclusive, *exciting* cause? or, on the contrary, does the irritation produced by



these "parasitic animals," as they are sometimes called, only simulate such and such diseases? I think the question is now fairly stated.

When we consider the number and complexity of the sympathies existing between the alimentary canal and the different parts of the body, we are at a loss to determine, in very many instances, what particular modes of irritation influence the various phenomena of diseases. Who then can say, with positive assurance, that the kind of irritation we are now considering, is not sometimes the exclusive, exciting cause of certain diseases not attributed in the books to such irritation? In the cases above mentioned, (and since these occurred I have met with some two or three similar ones) the disease was not broken up, until the expulsion from the bowels of a number of worms; and when this took place the relief was prompt and perfect. The cause of irritation in the intestinal canal was removed, and when this was the case, disease yielded. I therefore, think, to say the least that ought to be said in relation thereto, that this kind of an irritation was an exciting cause of the disease, if not the *exclusive* cause. However much the fastidious critic may be inclined to sneer at the notion, I, for one, cannot consent to the contrary hypothesis of mere *simulation*, until he shall furnish me an infallible symptomatology of worms.

I have no where seen a case of erysipelas reported, the cause of which was referred to verminous irritation; but considering the very intimate sympathy between the intestinal canal and that extremely sensitive and important integument of the human body, the skin, it would not be wonderful should such a disease have occurred, and that too, from irritation. And if from irritation, why not from verminous irritation? But an author of high reputation, both as a writer and teacher of medicine, (the late Dr. Eberle) has left his testimony on this subject to the following effect. "Chorea, epilepsy, hydrocephalus, emaciation, convulsions, paralysis, fevers, dropsy and a vast variety of anomalous afflictions, are at times the immediate consequences of verminous irritation, and frequently disappear after the expulsion of the worms." The same author says of Esquirol that he "knew eleven persons *cured* of mania by the expulsion of a large number of *lumbri-ci*." And Brera is represented to state that "pains in the

joints, similar to those of arthritic rheumatism, were occasioned by worms in the intestinal canal. The pains immediately ceased upon the expulsion of *nine* large lumbricoides."

After all this, and much more that might be said on this interesting subject, I do not see the necessity of the doctrine of "simulation," as it is called by some.

The preceding narration of cases, and the few brief and imperfect remarks I have made in relation thereto, are prompted more particularly by an article on this subject, which made its appearance a few years ago in the *Transylvania Journal of Medicine*, vol. 10, p. 788.

The communication of Dr. Scott proceeds to quote from a paper by W. Markley Lee, M. D., published as cited, and to comment thereon. The amount of other matter in type before the arrival of Dr. S.'s paper, compels us to omit that portion of his essay, and refer our readers to the paper itself, with which they may compare the position assumed and discussed by Dr. Scott.

ED.

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#### THE PROPOSED NATIONAL CONVENTION.

WE noticed, in the number of this *Journal* for Oct., the recommendation of the Medical Society of the State of New York, for holding a National Medical Convention in the city of New York, on the 1st Tuesday of May, 1846, for the purpose of "elevating the standard of medical education in the United States."

From the favorable notices in various medical journals, such as those of New York, Boston, Buffalo, Louisville, St. Louis, and New Orleans, we infer that the proposition is extensively approved by the profession. Several of the journals named have suggested topics for the consideration of such a convention, such as the establishment of a uniformity in the fees; requirements, &c., of medical schools; medical legislation; the formation of a national medical association, &c. While we are disposed to approve the object, and aid, if possible, its advancement, we share the doubts of the editor of the *New York Journal of Medicine*, in regard to its practicability and success. "We have," he says, "always advocated a higher standard of medical attainment for graduating in medicine, and a sufficient preparatory education to place



physicians on a par with other learned professions; but we have seen so much of the levelling system; so much pandering to popularity; such audacious promises on the part of medical schools to gull pupils; such pretensions to cheapness in board; such mock examinations for degrees; such drumming up of students; and such underbidding in the price of tickets; in short, such artifices, and tricks, and measures, for the sake of putting a few dollars in the pocket; that we have almost lost our early faith in the practicability of medical reform; at least to that extent to which it ought to be carried in order to accomplish the desired end." Still, we *hope* for better results, and would, towards their attainment, suggest some views, which we have long entertained, and we have not seen presented by others for the consideration of the convention.

We have long thought that the establishment of the system of *concours*, or public trials before some competent tribunal, where the qualifications of candidates should be tested, and their relative merits decided upon, (the course pursued in France,) would be a remedy for most of the evils complained of in medical schools and the profession.

1st. It would prevent the multiplication of institutions. Persons whose situations do not permit of their competing successfully before the Boards of Trustees, who fancy their claims overlooked, and have no tribunal of appeal, establish rival schools; and thus originates one of the evils of which complaint is made.

2d. It would give the appointment of professors into the hands of medical men, for of such, chosen by medical bodies, should the Boards be composed. This power is now exercised by persons of different pursuits, who are not competent judges of medical acquirement.

3d. It would render such institutions as adopted it, *national*. Their teachers being chosen by medical bodies in different parts of the country; and their claims being open to all, would become the objects of ambition to all aspiring and worthy teachers.

4th. Being in the power of the profession, it is practicable. Legislation is not required to effect it. Nearly all schemes of improvement resting upon this, are, on that account alone, impossible.

In making this proposition, we are not influenced by any

want of respect for teachers in medical schools as at present constituted. We know how many men of eminence, skill, and worth are among them, and do but give expression to an opinion long since formed and expressed, but which has attracted too little attention.

We would also recommend the adoption of a uniform national code of medical ethics, which might be of great service where medical societies are not in existence.

Among the plans suggested by others, there are two which have seemed to us particularly useful, that of Dr. Drake for the establishment of a national association, and that of Dr. Linton for a central board for granting diplomas. This latter, however, we would suggest should not supersede the schools, but confer a higher and an additional degree. D. B.

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#### RUSH MEDICAL COLLEGE.

The present Session of this Institution has opened under more favorable prospects than any of the preceding, both as regards the advantages offered for teaching, and the number and character of the class in attendance. During the past summer, arrangements were made for forming the various cabinets in connexion with the various departments. That of *Materia Medica* is already complete, embracing nearly every substance used in Medicine in its pure state, and is, in every respect, one of the most perfect possessed by any Medical School in the country. That of tumours and morbid specimens has also been greatly enlarged, and now embraces specimens of the pathological anatomy of a great number of diseases. The cabinet of mineralogy, and that of anatomical preparations, are now being arranged, and a sufficient number is already possessed for each, to render them highly valuable and instructing. These, in connexion with the advantages heretofore offered, place the School on an equality with many long established. The present class shows an increase over that of last session, although the rule has been adopted that the lecture fees must be paid in cash, or secured by good indorsed notes, payable within a year.

The effects of this regulation have already been most evident and beneficial. The medical public are perhaps not sufficiently aware of all the arts used by many medical schools



for the purpose of securing the attendance of students, and swelling the numbers of the class. Travelling agents are employed to seek them out, promise them easy terms, and draw into the study those engaged in other occupations. These soon go out as practitioners, either with or without diplomas, and the evil inflicted upon the profession by such means, exceeds that of every variety of quackery. Against such practices, we determined from the beginning to set our example, relying upon the good judgment of the medical public to sustain us.

Great effort will be made to secure for the next session every advantage enjoyed by the oldest medical schools. Arrangements have been already made by which a library, extensive and well selected, will be attached to the institution, and others are in progress for securing hospital instruction. Numerous cases and operations have been exhibited before the class in the surgical clinic, but they resemble for the most part so nearly those heretofore reported in this journal, that it is not thought necessary to report the clinical lectures upon them.

D. B.

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## BIBLIOGRAPHICAL NOTICES.

*The Domestic Management of the Sick Room, necessary, in aid of Medical treatment, for the cure of diseases.* By ANTHONY TODD THOMPSON, M. D., F. L. S., &c.—First American, from second London edition,—Revised, with additions by R. E. Griffith, M.D., &c. Philadelphia: Lea & Blanchard; pp. 353, 12 mo.—(From the publishers.)

As its title imports this work is intended for the instruction of the nurse, rather than the physician, though the latter may perhaps also receive from it much useful practical information. It is not, like various other works on domestic medicine, intended to *take the place* of the physician, but merely to supply that necessary information in the cure of the sick, in regard to comfort, administration of prescribed medicines, preparation of external applications, cookery for the convalescent, &c. &c., the want of which, in the attendants, is a source of such frequent annoyance to the practitioner, and of such fatal consequences to the patient. The work defines how far the nurse may go, and when the physician must be sent for, also a matter of importance. We give our approbation to the work, and express it as our opinion that every practitioner is personally interested in its general

circulation among his employers. (For sale by Brautigam & Keen, Chicago.) ED.

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*The Anatomical Remembrancer, or Complete Pocket Anatomist*, is the title of a re-publication from the second London edition, just received from the publishers, Samuel S. & William Wood, New York.

This little manual, so condensed as to require but an hour or two for its perusal, contains a concise and clear description of all the principal anatomical structures; and is admirably adapted to the purpose for which it was intended—to recall to mind anatomical knowledge already acquired. For such a purpose we cheerfully recommend it to students, and to practitioners without leisure, wishing, occasionally to refresh the memory with some of the most prominent and useful anatomical facts. H.

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*The Medical Remembrancer or Book of Emergencies.*—By EDWARD B. S. SHAW, M. R. C. S., & L. A. S., &c. &c.—Revised and improved by an American Physician. New York: Samuel S. & William Wood, 1845. pp. 112, 24mo. (From the publishers.)

This little volume professes to be a practical guide to young practitioners in cases of emergency. It presumes a knowledge of the diagnostic symptoms of the emergent cases treated of in its pages. The work contains four chapters, in which the arrangement of the different subjects is alphabetical, for the greater convenience of reference. Chapter 1 is on the immediate treatment of poisons. Chapter 2, immediate treatment of accidents. Chapter 3, on the minor operations. Chapter 4, on chemical analysis and the tests for the principal poisons. The convenience and usefulness of this little manual is undoubted, *if* it is used *only* as a *remembrancer*, and; as such, we recommend it with pleasure. We must however express our decided objection to the habitual use of small and condensed works, giving but a partial view of the subjects discussed, and our doubts of the propriety of the increase in the number already in circulation. The temptation to use them, in place of larger and more complete works, to the student preparing for his examination, and to the practitioner busily occupied in the arduous duties of his profession is too great to be easily avoided, and the necessary result is that both become superficial, and thereafter are indisposed to more profound study.

The work before us is one of the best of its class, and as far as it professes to go, appears to be accurate and reliable.—ED.



## PRACTICAL MEDICINE, &c.

*On the Endermic Use of Purgatives.*—M. Salques makes the following practical remarks respecting the employment of purgatives:—

“There are many cases both of acute and chronic diseases, in which, although it is distinctly of importance to relieve the bowels, yet the irritability of the stomach is so great as to preclude the ordinary mode of exhibiting aperient medicine. Injections too frequently fail in their object, as they cannot pass the accumulation of hardened fecal matter. In such instances we have frequently recommended the recurrence to the endermic method.” The following case exhibits the good effects of the plan:—A little girl, æt. 7, was attacked by acute meningitis. Constipation had existed for fifteen days, and the stomach rejected all medicine. Enemata could not be exhibited on account of the extreme aversion which the child showed to their administration. Two blisters had been applied to the thighs when M. Salques was called in, which he ordered to be sprinkled with powdered colocynth. Three hours afterwards the bowels were copiously relieved, and the cerebral symptoms vanished.”

“M. M., æt. 76, was the subject of an apoplectic seizure. Seventeen days elapsed without relief, and the stomach rejected all medicine. Colocynth was, therefore, sprinkled on a blister behind the neck, and with the speedy effect of overcoming the constipation.”

“M. D., æt. 82, had a slight apoplectic attack in January, 1844. Constipation became habitual, and after an accident caused by a fall, resisted calomel and even croton oil.—Hiccup and distention of the abdomen had supervened, when a blistered surface was sprinkled with colocynth. In five hours a prodigious quantity of fæces was passed.”

From the analysis of these and similar cases the author draws the following deductions:—

1. There is a considerable number of cases in which the endermic method of purgation will be found highly advantageous.

2. Colocynth is peculiarly suited to the endermic application; the same good results do not follow the use of aloes.

3. If the application does not cause the action of the bowels, it should not be persisted in, as it is liable to irritate and inflame the bowels as much as if taken in the usual way.—*Revue Médicale de Dijon*, 1844, in *Ranking's Half-Yearly Abstract*.

*On the Diagnosis of Fracture.*—By Mr. GRANTHAM.\*—Although the following method is by no means new to the English

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\*Facts and Observations on Medicine and Surgery. London, 1845. p. 61

surgeon, it is at present but seldom adopted. "The stethoscope applied over the place of fracture, in the slightest motion of the part, conveys a much more decided crepitus than is perceived by the naked ear during the most extended movements of the part. In many cases, even the slight pressure of the ear on the stethoscope, suffices to produce the crepitation, a circumstance of no small importance, as freeing the patient from the pain unnecessarily excited by the motion requisite in the manual examinations. The crepitus yielded by the more solid bones is sonorous, and resembles the sound produced by breaking a piece of wood across the knee; it is accompanied with a sensation of roughness unpleasant to the ear. The sound yielded by the more spongy bones is duller, and resembles the effect of a rasp on wood; except that now and then this noise is broken by a sound of a clearer kind, like those afforded by the compacter bones, only not so loud. The sound from oblique fractures is stronger than from those which are transverse; but when one end of the fractured bone rides over the other, the sound is then obscured, and, in some cases, may not be perceived without slight extension or counter-extension of the limb. If the fracture is comminuted, the sensation, as of distinct portions of the bone, is conveyed by the stethoscope. When fluids are effused around the fracture, a gurgling is combined with the crepitation, and which is compared to the sound produced by a shoe full of water." (Lisfranc.) A dry crepitus rattle is produced by inflammation of the cellular structure, wherein the serum becomes suppressed, and the cells distended with air, which may be mistaken for the crepitus arising from fracture. It is much louder, and may be distinctly heard by the patient or bystander; it is heard by making gentle pressure with the fingers, or end of the stethoscope, over the injured part; it is most distinct on the third day, and decreases on the fifth; it is a sound apt to be mistaken for fracture of the fibula.—We have a sound like this in the common subcutaneous emphysema, on pressing uninterruptedly with the hand on the affected part.—*Ibid.*

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*On the Pathology of Toothache.*—By Dr. HEILDEN.—Toothache may depend either upon congestion, inflammation, or a lesion of innervation. 1st. *Congestion*; this may have its seat either in the membrane exterior to the fang of the tooth, in that lining its central canal, or in the ganglion, which supplies the tooth with nerves. Congestion, when seated in the lining membrane of the fang, may be known by lancinating, throbbing pains, which are increased by any excitement of the system; these pains are variable in their character, some-



times lasting but for a few minutes, and again for many hours, they are generally increased towards evening, and when the patient is in bed. The tooth, whose lining membrane is affected, is sensible to the touch, or to pressure, and frequently conveys the sensation of being somewhat above the level of the surrounding teeth. The frequent application of cold water to the affected tooth is one of best means of cure that can be adopted in this form of odontalgia. 2d. *Congestion in the lining membrane of the canal, and of the dental nerves.* Toothache dependent upon these causes may be distinguished from the variety just described, by the tooth not being painful on pressure nor conveying the sensation of prominence over its fellows. It may also be distinguished by the effect which cold water produces upon it; if the tooth be carious at the crown, cold water immediately gives relief, but if it be not so, the pain undergoes an exacerbation for some time, but under the use of the remedy it eventually disappears. Young, plethoric persons, and pregnant women, are those most subject to this form of toothache. In obstinate cases, besides the local application of cold water, it may be necessary to use the foot-bath, and administer purgatives. Where caries exists along with this form of congestion, timely plugging must be had recourse to. All stimulants, such as tinctures in common use for curing toothache, must be avoided here, as they only increase the mischief. *Inflammation.*—This process when occurring in the teeth of a healthy individual, will produce the phenomena of healthy inflammation in any other part of the body; in individuals affected with gout, rheumatism, or scrofula, it will present the specific character of these diseases. Inflammation of the internal lining membrane of the tooth-fang (periodontitis,) occurs much oftener in carious than in healthy teeth; it is characterized by a dull aching, rather than actual pain, from which the patient fancies he obtains relief by pressing his teeth strongly together. This dull aching after some time is exchanged into an acute, *boring* pain, which extends to the neighbouring teeth; at this stage, the affected tooth seems more elevated than its fellows; and this sensation prevents perfect closure of the mouth, and to a great degree interferes with mastication. In some cases this local inflammation causes severe constitutional disturbance, heat and redness of the cheeks, severe headache, and general febrile irritation. In this state, if nothing be done to check the local inflammation, this acquires greater intensity. The acute boring pain is now changed into a dull aching attended with throbbing, if the gum about the affected tooth be examined, it will be found intensely inflamed, the tooth itself is *now* visibly longer than the surrounding ones, and loose; pressure makes the patient feel as if it were about to start from its socket. All these

are evidences of suppuration at the root of the tooth, and if it be now extracted, a drop of matter will be seen attached to its root. In case of intense inflammation of the tooth-fang, the process of inflammation may not be terminated by the formation of matter; inflammation proceeds outwardly to the gum, the alveolus is absorbed, and a portion of the matter formed at the base of the tooth is thus evacuated, when the opening of the gum closes for a short time, until the matter again accumulates. Thus a sort of fistula is formed which can only be healed by the extraction of the tooth. The mischief may not be confined to the root of the tooth alone—which becomes absorbed at its extreme point and roughened—but may also extend to the jaw-bone, and render it carious. It sometimes happens that the cyst containing the pus at the root of the tooth, becomes changed into a mass of pappy consistence, which, comes away with the tooth on the latter being extracted. The treatment of this variety of odontalgia must be strictly antiphlogistic. Should the local application of cold fail in completely removing all the symptoms, leeches must be at once and freely applied to the gums. Where suppuration seems inevitable, a gently diaphoretic treatment with fomentations of warm water, or warm decoction of poppies, as marshmallow, or a solution of extract of henbane, in the proportion of five or ten grains to four ounces of warm water, will be found to assist materially the maturation of the abscess; as soon as the pus has been evacuated, the diseased tooth must be extracted.—It very often happens that a great number of the teeth are loosened, without any mechanical cause; this may depend either upon a sub-inflammatory affection of the lining membrane of the alveolar process, or upon that form of cynanche, denominated “Parotidea.” In the latter instance time alone will effect a cure; the former requires for its cure repeated application of leeches over the affected portions of the alveolar process.—*Ibid* from *Wiener's Zeitschrift*.

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#### NOTICE TO READERS AND CORRESPONDENTS.

WE have to acknowledge, in addition to our usual exchanges, the receipt of the last number of the Transactions of the College of Physicians of Philadelphia. Notice of its contents we are obliged to defer to the next issue of the Journal.

A communication has been received from Dr. U. P. Golliday, which arrived too late for insertion. ED.



# ILLINOIS

## MEDICAL & SURGICAL JOURNAL.

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PROF. BLANEY: After the lapse of a year you have my promised continuation of the article on "an Anomalous disease of the Tongue and Feet," published in the February No. of the Journal, 1845. Constant professional engagement is my only excuse for this long delay.

G. N. FITCH.

In treating it while confined to the tongue and mouth, the ordinary collutories for other forms of glossitis, were at first prescribed, as borate of soda, alum, sulph. zinc, nitrate arg., &c., in solution, together with diluted muriatic, and sulphuric acid, and all with about equal success. A few milder cases appeared to be benefited by these remedies, though subsequent experience convinced me that the recovery was, except in very few instances, in no wise attributable to the remedies, but rather in spite of them. If any one of the above mentioned was decidedly beneficial, it was the dilute muriatic acid. Laxative doses of the sulph. magnesia were ordered with all these local means, and their continued use appeared productive of relief in all cases, to some extent. No mucilaginous wash procured a moment's cessation of the intense burning pain, though the common slippery elm, (*ulmus flava*) when chewed was very grateful; never productive of pain, and in many instances, entirely allaying it for quite an interval. Emetics were prescribed, as I first flattered myself with some success; but cures with them were soon found to be like those with the enumerated local remedies,—spontaneous. Mercurials were used, and pushed in some cases to ptyalism, with no other result than an aggravation of pain and other symptoms. The local means upon which I was compelled to rely, and from which the greatest benefit was derived, in the greatest number of cases, were, equal parts, by weight, of borate of soda and ext. catechu finely pulv. and intimately

mixed, thrown into the mouth in small quantities, or mixed with syrup or honey, in the proportion of  $\text{℥ss}$  of the compound to  $\text{℥ij}$  of the syrup, and a tea spoonful taken into the mouth, and retained ten or fifteen minutes. This remedy failing. I used, with decided benefit, collutories, composed of alcoholic solution of creasote. By the persevering use of one or both of these means, conjoined with saline laxatives, (sulph. magnesia) the symptoms were much ameliorated, and many unequivocal cures obtained. In some cases they failed, as did every other means to which resort was had, and the disease either attacked the feet, or exhausted itself upon the tongue and mouth, after producing considerable emaciation and debility.

After the feet were attacked, the "burning" induced some to bathe them in cold water. If any relief was obtained by this process, it was but temporary, and at the expense, usually, of a subsequent increase of suffering. In some instances violent cramp of the lower extremities; in others, severe gastralgia, or nausea and vomiting, or headache immediately followed the application of cold. Relief in many cases was derived from cupping. Blisters were applied to the ancles and superior parts of the feet, but with doubtful efficacy. Next to cups, and indeed preferable to them in milder cases, was a tepid nitro-muriatic acid foot bath, sufficiently active to soon corrugate the skin, and produce a decided "tingling" sensation. A wash of the alcoholic solution of creasote was found highly useful here likewise. Opiates were administered in this, as likewise in the lingual form of the disease, and procured as usual temporary exemption from intense suffering, but exerted no permanent beneficial influence. Many who suffered under this form, (in the feet) during the spring months derived marked relief from placing their feet for a length of time (one to three hours) in soft, newly ploughed land. Laborers, who were unable to place their feet upon the floor or unbroken surface of the ground, without an aggravation of pain, have, after short persistence in their efforts, followed the plough, walking in the new furrow, all day, and in a few days, been by these means alone measurably cured.

It will be perceived that the treatment, so far, has been altogether experimental and empirical. Experience has justified a subsequent resort to but few of the many remedies tried. Other physicians on the upper Wabash have seen the disease.



Perhaps their experience may have suggested some more rational and successful method of treatment than the one I have adopted; if so a publication of their views and treatment will entitle them to the gratitude, not only of the profession, but of the many yet suffering from the disease.

Logansport, Indiana, January, 1846.

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*Case of Retroverted Uterus.* By U. P. GOLLIDAY, of Kickapootown, Ill.

On the evening of Friday, 15th of August, last, I was requested to see Mrs. A. J——, who, as the messenger said, “was in severe pain, and then would be easy for a while.” I found her apparently in strong labor, and was informed by a lady present, (who by the way, was an accoucheur of some eminence among her neighbors) that there was something very strange and peculiar in the case. Examination per vaginam revealed a tumor low in the Pelvic excavation, the posterior wall of the vagina could be traced from the fourchette to a point above the pubes, the tumor pressing with a moderate force upon the postero-superior surface of the pubes, but not sufficiently to prevent examination, and yet the os uteri could not be found. Examination by the rectum showed the tumor to be moveable, it could be quite easily tilted upon the end of the finger, except during a pain, when it seemed to sink lower in the pelvis. Neither urine nor fæces had been passed for some time. The patient was placed upon the face with the knees drawn up under the abdomen. The tumor could now be easily moved, but the portion resting upon the rectum, could not, by any reasonable force, be moved above the promontory of the sacrum. The position was changed, and urine and fæces passed without difficulty. Those circumstances led me to believe the case one of retroverted uterus. It was evident there was not an impacted condition of the organ; *the seventh month had passed*, and from the necessary distension of the uterus, it appeared evident to me, that no impaction could take place, nor could the position of the uterus be changed so as to bring the os uteri into the proper place, without an evacuation of its fluid contents. I thought of puncturing the uterus as the only certain means of relieving

the patient; but as her strength still seemed firm, I considered it best to continue the means before used, (pressure upwards upon the fundus through the rectum and traction upon the cervix through the vagina,) with such collateral aid as circumstances would admit of. After unavailing efforts had been used for some time, an opiate was administered, and she was left for the night. As she appeared comparatively comfortable in the morning, I left her with such directions as were judged necessary for the day, and returned home. Recalled in the evening, my friend Dr. H. S. Hubbard, of Toulon, went with me. He fully concurred with the opinion previously formed of the case, and every effort was made to relieve the patient, that we considered prudent, but without benefit. Our patient was evidently getting worse, and the propriety of puncturing the uterus through the posterior wall of the vagina, was seriously discussed; but not wishing to have all the responsibility of such a case resting upon ourselves, whilst additional counsel could be easily procured, we sent for J. C. Frye, M.D., of the city of Peoria, determining, in the mean time, to use all efforts that a prudent regard for the safety of our patient would justify.

We had observed that when placed upon the face, our patient was easier, the pains did not appear to force the uterus as low in the pelvis as when she was placed on her back or inclined to one side. We had also learned that she had been in a similar situation twice before, and that spontaneous rupture of the membranes, and speedy delivery of the fœtus had taken place. Impressed with these facts, we directed the patient to be placed upon the back, that the uterine effort being stronger in that position, might either forcibly rupture the membranes, and bring about a proper position of the womb for delivery; or reduce the tumor so low in the pelvis, that if puncture were determined on, the parts might be in a proper position for it.

It was but a short time until spontaneous rupture of the membranes occurred, and the woman was delivered of a dead child. She recovered as soon as could have been expected, under the most favorable circumstances.

[Dr. G. argues at considerable length the propriety of the proposed puncture of the womb, and quotes many cases of



rupture and extirpation of the organ in which the patients recovered, to prove that it would not be so dangerous as some have supposed. But, as Dr. Ashwell, in his late work on the diseases peculiar to women, speaks at length on the propriety of tapping the uterus through the vagina or rectum in extreme cases, we think better to refer the reader to this excellent work. Blundell recommends the operation “when the catheter could not be introduced, nor the rectum emptied,” and suggests that a very small trochar and canula should be used, so that the wound would resemble acupuncture.

The operation was first suggested by Dr. William Hunter, and has been twice performed,—once on the continent, and once by Mr. Baynham of Birmingham, whose case was reported in the *Edin. Med. and Surg. Jour.* in 1830. It proved entirely successful under adverse circumstances.

As Dr. G’s patient had been in the same condition twice before, it would be an interesting enquiry to ascertain what was the cause that determined the mal-position; was it a peculiarity in *conformation*? or were the causes accidental, occurring thrice in succession? J. E.]

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## BIBLIOGRAPHICAL NOTICES.

*Report of the Commissioners of the Lunatic Asylum, or Indiana Hospital for the Insane, to the General Assembly. December, 1845. (From Dr. Evans.)*

This is a Report of a Board of Commissioners, consisting of John Evans, M. D., L. Dunlap, M. D., and James Blake, Esq., appointed at the last meeting of the General Assembly of Indiana, to purchase a site for a State Lunatic Asylum, and report a plan for a building, its probable cost, &c. &c. To aid in their task, a tour was made during the last summer by Dr. Evans, with a view to collect the practical information required, by visiting the best conducted Asylums for the insane in the United States, and advising with those learned in that department of medical science. The Report contains a synopsis of the results of this tour, and in small space presents the best devised plans for ventilation, cleanliness, watering, and surveillance.

The Report also informs us that a site has been chosen and purchased, combining all required advantages of healthfulness, locality, and beauty of scenery, drainage, and richness

of soil. It is situated two miles west of Indianapolis, on the McAdamized National Road. A plan for the building was submitted with the Report, proposals have been received for the supply of material, and the amount raised by taxation is supposed to be sufficient for the active prosecution of the work during the ensuing season. We presume from this that Indiana will soon be able to boast of an asylum for the insane adequate to all the demands which will be made upon her philanthropy for many years. May we hope that other Western States, our own included, will follow in her footsteps, and imitate her good example? Ed.

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*Introductory Lecture delivered by GUNNING S. BEDFORD, A. M., M. D., Professor of Midwifery, &c., in the New York University; session 1845-46. (From the author.)*

This introductory of Dr. Bedford was published by request of the class, and is a strong appeal to student and practitioner in behalf of the department of science whose chair he fills. The Dr. strenuously denies that the analogy of the parturition of animals and the human female is sufficient to warrant the conclusion that the latter does not require medical aid, and establishes his position by well drawn arguments from the comparison of anatomical structure. Cases are cited in a style so powerfully graphic, and principles so clearly stated, as to impress indelibly upon his hearers or readers the necessity of a full acquaintance with all parts of Obstetrical science. We have room but for one quotation, though there is much of the lecture we would like to transfer to our pages. Ed.

“Remember, however, that the duties of the accoucheur do not terminate with the delivery of the child; and fortunate would it be for the parturient woman if this doctrine were more generally inculcated. The opinion that the perils of the lying-in chamber cease with the birth of the foetus is not only preposterous, but is fraught with danger both to the practitioner and patient. The management of the placenta constitutes, in itself, one of the nicest and most interesting points connected with the whole practice of midwifery. Tell me not that the delivery of the child emancipates the woman from all further peril. Truly has it been remarked, by a most emphatic and lucid author, that no man should have the hardihood to cross the threshold of the lying-in room who is not prepared, promptly and effectively, to conduct every placenta case that may by any possibility present itself. I respond most heartily, with all consciousness of its truth, to the value of its sentiment; and I would say to those, who have never



yet been engaged in the practice of the profession, that if there be any one thing more than another, in the whole routine of professional duty, calculated to strike terror into the heart of the practitioner, and for a moment paralyse his best energies, it is a case of *flooding* after the birth of the child. Here there is no time for consultation—no time for reference to authority—one moment's hesitation or doubt on the part of the practitioner, and death speedily terminates the scene. Nature has opened her *flood-gates*, and if they be not instantly and skilfully closed, all chance of rescue is at an end. \* \* \*

The management of the after-birth not only involves the immediate safety of the female, but it frequently entails much future suffering and disease. A common, and occasionally a very formidable malady incident to the female sex—I mean *falling of the womb*—is, I am sure, in many instances, directly traceable to the indiscreet and hurried efforts of the accoucheur to extract the placental mass. The child is delivered; and, not content to wait the proper time for the uterus to throw off the after-birth, the medical attendant proceeds to remove it by forcible tractions. If these tractions do not result in hemorrhage, they often induce malposition of the womb, thus giving rise to a multitude of painful annoyances, which often terminate in serious, if not fatal, derangement of the uterine functions. I shall dwell, during the session, with emphasis on this subject, and shall call your attention, in an especial manner, to the rule of conduct to be pursued in all cases of difficulty, connected with the delivery of the placenta."

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*Summary of the Transactions of the College of Physicians of Philadelphia*—From May to October, 1845, inclusive.

In this number of the semi-annual summary of the Transactions of this respectable body we find several subjects of interest discussed, and a number of valuable reports of cases, and papers on various subjects. A letter from Dr. Hubbard, of Hallowell, Maine, giving the result of his experience in the use of turpeth mineral (sub-sulphate of mercury,) excited considerable discussion, and elicited some valuable opinions on the subject of croup. We quote a case cited by Dr. H., showing his mode of administration and the indications for its use, and a portion of his remarks:

"I was called, in the night of Feb. 5, 1845, to see Miss C., aged about twelve years. In the three preceding nights, at about the same hour, she had been seized with paroxysms, similar to the one in which I found her,—each one continuing several hours, each of progressively increased severity, and each leaving her able to be about, during the day, with respi-

ration so easy as to excite no alarm, and only a slight croupy cough. I found her with breathing extremely quick, laborious, and stridulous, the chest heaving with convulsive throes, the countenance livid, the eyes wild and distracted, extreme jactitation, the pulse thread-like, vacillating and too rapid to be counted, the extremities, up to the body, of an icy coldness,—in short, the patient appeared like one in the last agonies. Strong rubefacients were immediately applied to the whole surface, sinapisms to the spine and extremities, and heated blankets to the lower limbs. As soon as she could swallow,—for deglutition was at first extremely difficult,—five grains of the *turpeth mineral* were given at once, and followed by the free use of mustard whey; this not vomiting her, after fifteen minutes I gave her five grains more, immediately upon swallowing which, vomiting commenced, and continued smartly for more than an hour. During this operation, and for some hours after, a free use was made of a decoction of seneka, as a stimulant diaphoretic. Her respiration began to improve immediately on vomiting, and, at the end of about four hours, it was comparatively good; the skin open, natural warmth restored, and the circulation equalized. The patient was then put upon the use of the following powder:

R Pulv. ipecac. comp., ℥j.  
Hydrarg. chlorid. mit., ℥j.  
Camphor. pulv., grs. xij.

M. ft. Chart. No. vj: One to be taken every four hours; a free use to be made of the decoction of seneka in the intervals, and the bowels to be moved after twenty-four hours.

“The emetic did not produce purgation. No paroxysm of difficult breathing returned. In forty-eight hours, my attendance ceased. I know of no other emetic substance that would have effectually met such a case. Ipecac., sulphate of zinc, &c., would have proved too feeble at best. Tartarized antimony, would, I conceive, have been hazardous, from its nauseating and sedative effect, setting aside the uncertainty of its procuring emesis in any reasonable dose, and the almost certainty of its producing exhausting catharsis. I repeat, that in this form and condition of croup, my experience furnishes me with no substitute for the *turpeth mineral*, as an emetic.

“In the more inflammatory and less paroxysmal forms of this disease, with decided arterial excitement, and hot skin, from the commencement, tartarized antimony, as a nauseant and emetic, may be, and undoubtedly is, with certain limitations, preferable. Still, I must say, that in all stages and conditions of this disease, where the equalizing and revellent effect of emesis is alone desired, I have never regretted having used the *turpeth mineral*, in preference to all other emetics.



“It remains, then, only to say a few words upon the peculiarity of this substance as an emetic, and upon some of the objections urged against it. In the first place, the promptness and certainty of its operation belong to no other substance within my knowledge. It has seldom, if ever, failed to vomit efficiently, when administered in a proper dose, in any of the various conditions of the stomach, and of the system, in which I have given it. It usually acts in ten or fifteen minutes, and the dose should be repeated at those intervals, if the first fail, which rarely happens. In efficiency and revellent power, it is not, perhaps, quite equal to the tartarized antimony; it is, however, vastly superior, in these respects, to ipecac. or any other substance known to me. In safety, it is greatly superior to antimony. Its emetic operation usually continues from an hour to an hour and a half, accompanied and followed by none of the distressing nausea, prostration, and depletion of antimony; but, on the contrary, leaving the patient with the invigorated feeling arising from equalized warmth and circulation. In its emetic operation, it has seldom, never in my recollection, been accompanied or followed by catharsis. I have never known it to be violent, nor otherwise than entirely safe in its operation, although I have given it in much larger doses than are usually directed; nor have I ever seen salivation follow its use as an emetic. So safe do I consider it, that in urgent cases I have not hesitated to put my patient under its full emetic operation, two or three times within twenty-four hours: nor have I seen ill consequences result from such practice. I am inclined to think that the dose should be somewhat larger than is usually recommended. From two to three grains may be given to a child two years old, and repeated in ten or fifteen minutes, until emesis is produced. If the first dose fails, the second usually acts as soon as it touches the stomach.

“I have thus given you, as you requested, the result of my experience in the use of this article—an experience somewhat extensive, during the last ten years:—such as it is, it is at your disposal.”

In the discussion following the reading of the communication, Dr. Morris mentioned powdered alum as having been proposed to him by Dr. Meigs, as a safe emetic in similar cases, and gave his testimony to its efficacy. Dr. Bell considered croup an inflammatory disease, and mistrusted the power of simple emetics, and preferred to place reliance on depletion and tartar emetic. The indiscriminate use of Coxe's Hive Syrup, and other preparations of tartar emetic, as a domestic remedy, was strongly condemned in the remarks of several other medical gentlemen.

The annual Report on the Theory and Practice of Medicine,

by Dr. Jackson, formerly of Northumberland, forms a portion of this number, and contains much of interest to practitioners in the West and South on the subjects of Miasmata, Malignant Intermittents and Idiomiasmatic Fevers. Extracts from this Report we propose to give in a future number.

“Dr. ASHMEAD stated that he had recently made some experiments in the venereal wards of the Philadelphia Hospital, to test the curative powers of the tartarized antimony, in cases of gonorrhœa.

“Four patients, affected with gonorrhœa, were treated with tartarized antimony alone. They were placed under the use of one-thirty-second of a grain, in solution, every hour—the dose being gradually increased to one-eighth of a grain, at the same intervals. The disease, in every case, rapidly disappeared, under this treatment—no one lasting more than a week, while, in one of them, it was said by a gentleman in attendance, to have terminated in forty-eight hours.

“In two of the cases, the gonorrhœa was complicated with inflamed testicle,—the only application made to which, was a simple poultice of bread and water.” [ED.

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## PRACTICAL MEDICINE, &c.

We extract the following conclusions in regard to the comparative merits of the Quinine and Salicine, from a report in the New Orleans Medical and Surgical Journal for Nov. 1845, of a trial in the wards of the Charity Hospital of that city, under the care of Dr. Fenner. The trials were made in the same manner as those dictated by the Surgeon General in the Medical Department of the U. S. Army.

\* \* \* Thus have I given careful observations, of the effects of salicine in twenty cases of intermittent fever, taken promiscuously, and all occurring within a short period. I had commenced its use in two other cases, and would willingly have reported a much larger number, but desisted on account of *the expense* of the remedy. Perhaps no place in the world presents greater advantages for observations upon this disease, than the N. O. Charity Hospital. It is very tedious either to prepare or examine reports of this kind; but if faithfully executed, they offer the best medium of information, both in regard to the effects of remedies, and the nature and progress of disease. It is hoped that these twenty cases will prove in some degree instructive. Let us sum up their results and see what conclusions they will authorize. Although the



statistics may not be mathematically exact, they are sufficiently so for our purpose.

Total amount of medicine given in the 20 cases: salicine  $\frac{3}{4}$  vii, 3 vi,  $\frac{3}{4}$  ii; piperine, 3 i,  $\frac{3}{4}$  ii; quinine 3 iv.

Largest amount given in any case: salicine,  $\frac{3}{4}$  vii; piperine, 3 iss; quinine, 3 iii,  $\frac{3}{4}$  i.

Smallest amount given in any case; salicine, 3 i, grs x; piperine, grs xii; quinine,  $\frac{3}{4}$  ii.

Average amount of salicine to each patient 3 iii, grs viii.

It was first tried alone, in all the 20 cases.

It succeeded when given alone, in 11 cases.

It failed when given alone, in 9 cases.

Of these, it succeeded when combined with piperine, in 4 cases.

Quinine had to be resorted to in 6 cases.

Average time of sickness previous to treatment,  $7\frac{1}{2}$  days.

Do " " under treatment  $6\frac{1}{2}$  days.

Greatest number of parox., after sal. was commenced, 6 days.

Smallest " " " " " 0 "

Average " " " " " 9 "

There were one or more paroxysms after salicine was commenced, in 14 cases.

There were none in 6 cases.

I am informed by the Apothecary of the Hospital that the cost of salicine was \$2 00 per oz. Consequently, the value of the amount used in these 20 cases, (say  $7\frac{3}{4}$  oz.,) was about \$15 50; and of the average amount given to each patient, (say 3 iii,) 75 cents. The article appeared to be fresh and genuine.

I prescribed it in the forms of solution, powder and pill; in doses varying from *five grains to one drachm*, and at intervals of from one hour to twelve.

The general effects of the remedy appeared to be *tonic and diaphoretic*. The appetite and strength were generally improved, and the sweating was profuse. I observed no unpleasant effect that I could attribute to the remedy. Where it failed *to do no good it did no harm*.

#### *Comparative Statement of 20 Cases of Intermittent Fever treated with the Sulphate of Quinine.*

After the foregoing observations on the use of salicine were completed, I resolved to note 20 cases of intermittent fever treated mainly with quinine; with the view of ascertaining the relative *efficacy* and *cost* of the two remedies. Twenty recent admissions were taken throughout the wards of the Hospital, and of course under the care of different physicians. Upon inquiry I found that no two of them administered the same remedy alike; some of them prescribe it in large doses, and at long intervals; others, the reverse; some give it alone; others, in combination with blue mass, opium,

or morphia. As minute notes were taken of these 20 cases, as of the preceding; but for fear of wearying the reader, I will only give the *results*, and the conclusions to which they brought me.

Whole amount of quinine used in the 20 cases, about  $\frac{3}{4}$  iss.

Largest amount given in any case, 3 i.

Smallest amount given in any one case, grs. xviii.

Average amount of quinine given to each patient, grs. xxxvi.

It was given combined with sulph. morph. grs. xii, to gr.  $\frac{1}{2}$ , in 2 cases.

“ “ with ext. opii, grs. xviii, to gr. i, in 4 cases.

“ “ with blue mass; grs. vi, to grs. x, in 1 case.

“ “ alone in 13 cases.

*All the cases were promptly cured.*

Average time of sickness before admission; 10 days.

“ “ “ after “ 4 “

Greatest number of parox., in any case after taking qui., 2 days.

Smallest “ “ “ “ “ 0 “

Average number of paroxysms 3½ “

There were one or more paroxysms after taking quinine, in 10 cases.

There were none, in 10 cases.

The cost of quinine was \$3 25 pr. oz. consequently the value of the whole amount used in these 20 cases, (say  $\frac{1}{2}$  oz.) was \$4 87½, and the average amount (36grs.) about 25 cts.

Candour compels me to state that the cases treated by salicine were generally more severe, than those treated by quinine; it will be recollected that one of them was so malignant as to be with difficulty saved by upwards of 3 iiii of quinine, after having previously taken 3 iiss of salicine. The salicine cases occurred chiefly in the months of June and July, when intermittents usually assume their worst forms; the quinine cases all occurred about the first of October, when the disease is generally mildest. These circumstances are worthy of grave consideration, lest we be induced to underrate the actual virtues of salicine. However, taking the two sets of cases as they are presented to us in the foregoing comparative statement, and reviewing the effects of the two remedies in their various combinations before mentioned, we are brought to the conclusion that *the average amount of quinine required to cure 20 cases of intermittent fever, and costing 25 cents, is fully three times as efficacious as the average amount of salicine required in a like number of cases, and costing 75 cents.*

The comparison made in this instance cannot however be considered a perfectly fair one; but when the foregoing reports are taken in conjunction with others that will doubtless be made from the medical department of the Army, they may aid in leading us to a proper estimate of the virtues of salicine.



How many of the foregoing cases would have had their paroxysms broken up merely by *the change of residence, and attention to regimen, without any medicine whatever*, must remain a matter of conjecture. My own opinion is, there would have been a goodly number. Hence the importance of exercising a sound judgment and careful observation in regard to the action and comparative value of medicines.

E. D. F.

Oct. 17, 1845.

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*Inoculation with Tartarized Antimony.*—It is well known that tartarized antimony constitutes one of the most active agents of revulsive medication; all practitioners have employed either Autenreith's pommade or stibiated plasters, and all have observed the development of specific pustules consequent on these applications. These pustules are developed irregularly; sometimes the eruption is too slight, and at others it is confluent, and then causes the formation of wounds, which are difficult to cure. To avoid these inconveniences, M. de Bourge de Rollet has had recourse to stibiated inoculation. The following is the description of his new plan (*Répertoire du Progrès Médical, par MM. Wahu et Quénot*):—

“A small quantity of porphyryzed tartarized antimony is placed on a glass plate, and mixed with a little water or oil, just in the same manner as is practised with the dry vaccine lymph when it is about to be used. A lancet is charged with this mixture, which should be thick enough not to flow on its point, and the requisite number of punctures is made in the part selected, as far apart from each other as may be deemed necessary, according to the indications to be fulfilled; in ordinary cases, I generally leave a space of from three to four centimetres between each. These punctures soon inflame, and the slightly pustulous inflammation which ensues; and which would soon disappear if let alone, is, on the contrary, soon changed into pustules, which acquire a more or less considerable size in proportion as their surface has been more or less frequently and carefully, and for a longer or shorter time, covered with a small quantity of tartar-emetic mixture, either the aqueous or the oily, which was used for their production. I use for that purpose a small wood spatula, and I repeat the stibiated application on the pustules, evening, morning, and noon, for two, three, four, or five days, &c., according to the intensity of the inflammation which I wish to excite. When the affair is urgent, I would advise applying a fresh layer of the tartar-emetic compound on the pustules every two hours, by which means they will be developed so much more quickly.—*Med. Times*, from *Bouchardat's Annuaire* for 1845, in *Med. News*.

*Caustic Injections in the treatment of chronic irritation of the bladder.* By Dr. Debeney. (*Journ. des Connaiss & Med. et Chirurg. for April, 1845.*)

Analogy first led M. Debeney to try caustic injections for chronic irritation, or catarrh of the bladder. This mode of reasoning has led to some of the most useful discoveries in our therapeutics, and is, moreover, the most certain method of attaining to correct knowledge on many obscure points in the science of medicine. The argument here used, says M. D., is extremely simple; he first asks if the vitality of the mucous membranes is identical? and is not the membrane which lines the bladder a mucous tissue? Both those questions being answered in the affirmative, with the exception of certain parts destined to special functions, as the alimentary canal, M. D. then proceeds to detail four or five interesting observations, in which the best effects were obtained by throwing caustic injections into the bladder. Many of the cases cited, in addition to obstinate catarrh of the bladder, were also complicated with strictures, gonorrhœa, and seminal losses.

The injection used is composed of *four grammes* of crystallized nitrate of silver, dissolved in *thirty grammes* of water.—His mode of using the injection we shall give in his own language. “Having forced into the urethra, by means of a glass penis syringe, as much of the caustic fluid as possible, I close the meatus by pressing the extremity of the gland between the thumb and index finger of the left hand; then by a gradual pressure toward the root of the penis with the two first fingers of the right hand, I push the liquid so far that not a drop escapes when the pressure is suspended. It is evident that the injection must pass into the bladder, where else could it go? The pain was considerable, but quite supportable; the usual phenomena of cauterization well manifest, and at night there was slight accession of fever. Suffice it to say, that in a few days, the irritability of the urethra and bladder were allayed; less pain in passing urine, also retained much longer without inconvenience. Two or three injections were generally adequate to effect a permanent cure.” Our author seems to repose unlimited confidence in the remedy above proposed, and we see no reason why it should not receive a fair trial. It must be confessed that, heretofore, chronic cystitis, irritable bladder, and all forms of cystic disease have not been generally amenable, even to the most judicious medication; let us, then, try a mode of practice, which comes highly recommended both by analogy and experience.—*New Orleans Med. Jour.*



*Chilblains treated with Nitrate of Silver.*—Dr. Lauer, chief surgeon in the Kaiser Alexander grenadier regiment, in Berlin, is of opinion, that, in chilblains, no matter whether ulcerated or merely in the state of inflammation, the application of lapis infernalis (fused nitrate of silver) is the most valuable remedy; and he unhesitatingly recommends this treatment as the most applicable. It effects the cure with the greatest certainty, and in the shortest time, and, by restoring the altered texture of the inflamed parts to the normal state, it is, at the same time, the surest means for preventing relapses, so common in chilblains.

The treatment is as follows:—Simple chilblains are first a little moistened, then slightly touched all over their surface by the nitrate. Broken chilblains are strongly cauterized, and the humid places afterwards allowed to dry in the air. As soon as pus is gathering under the cuticle, it is removed by pressure, and then, with a well-pointed piece of nitrate, the spot under the cuticle is cauterized again. When the whole is dry, the ulcer may be considered cured the moment the cuticle falls off. Sometimes, rather deep and large chilblains are cured by one single cauterization; sometimes two or three; and rarely more applications are requisite. The unpleasant itching disappears soon after the cauterization.—*Med. Times*, from *Med. Zeit.*, May 14, 1845, in *Med. News*.

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*On the Modification which the Blood undergoes during Inflammation.* By MM. ROBERT-LATOUR and COLLIGNON.—The experiments of MM. Latour and Collignon were for the purpose of ascertaining the connection between the presence of fibrin in the blood and acute inflammation; and the investigations included the examination of arterial as well as of venous blood. These experimentalists drew, at the same moment, from a large dog, a quantity of arterial and of venous blood. The proportion of dry fibrin which the arterial blood furnished was found to be 0.20 per cent., while that of the venous blood was 0.25 per cent. Pleuro-pneumonic inflammation was then excited by the injection of a quantity of alcohol in the pleura; and, four days after, when the fever was high and the pulsation 190 in the minute, a second quantity of arterial and venous blood was again drawn. The arterial blood was now found to yield 0.40 per cent. of dry fibrin, and the venous 0.50 per cent.

A similar experiment was made on another dog with the same result, from which the authors conclude,

1st, That arterial, like venous blood, presents a notable increase of fibrin as soon as inflammatory action is set up.

2d, That the changes which the blood undergoes are the consequence, and not the cause of disease.—*From Comptes Rendus de Seances de l'Academie des Sciences*, in *Med. Examiner*.

*On the Iodides of Quina and Cinchona.*—Dr. A. T. Thomson has recently succeeded in preparing an iodide of quina, and of cinchona; two compounds which we agree with him in thinking, are likely to form valuable additions to the *materia medica*, inasmuch as they contain in themselves the combined properties of a most efficient tonic, and one of the most valuable deobstruents which we possess. One of the great objections to the administration of iodine and iodide of potassium, is the production of that derangement of the system denominated *iodism*. Now this is likely to be prevented by the tonic influence of the quina or cinchona. It is true that we already possess such a combination in iodide of iron, but in many instances, where the influence of such conjoint powers is required, preparations of iron cannot be borne.

The *iodide of Quina* is prepared by triturating together, in a mortar, 164·55 grains of the pure quina, and 126·3 grains of iodine; the latter being added to the former until the whole is intimately mixed; and then boiling the mixture in a moderate quantity of distilled water at first, adding more by degrees, until as much is added as will give one grain of the iodide for each fluid drachm of the solution. During the boiling, a deep-brown resinous-like substance is formed, apparently insoluble in water, which subsides to the bottom when the solution cools.

This substance is brittle, tasteless, inodorous, and affords no indication of the presence of either iodine or quina; it is partially soluble in boiling alcohol. Dr. Thomson has not been able to ascertain its nature.

The iodide of quina, in solution, is of a pale straw color, limpid, evolving a faint odor of iodine, and impressing upon the palate the bitter of quina; that it contains no free iodine is evinced by testing it with starch, whilst the existence of the iodine is immediately demonstrated by the developement of the deep indigo-blue color of the iodide of amadine, on adding a drop of nitric acid to the solution containing the starch. The quina in the solution of the iodide is precipitated by the infusion of galls in the form of a tannate; and, in its simple state, when the solution of pure potassa is added to the solution.

The *iodide of Cinchona* is prepared in the same manner as the iodide of quina, taking 156·55 grains of the alkaloid, instead of 164·55. The quantity of brown, resinous-like matter is less than in the preparation of the iodide of quina; but it closely resembles it in its physical characters, its insolubility in water, and its solubility in alcohol. The solution is nearly inodorous, has the bitter taste of the cinchona, and a rather deeper straw-color than the solution of iodide of quina. It is limpid, and answers to the same tests as the iodide of quina.—*Ranking's Half-Yearly Abstract.*



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### MORTALITY OF CHICAGO,

By WM. B. HERRICK, *Prof. of Anatomy in Rush Med. College.*

As appears by a record, kept by A. S. Bates, City Sexton, the proportion of deaths to the population of Chicago, during the years 1843, '44, and '45, inclusive, were as follows:

Years.	Deaths.	Inhabitants.	Death.	Inhabitants.
In 1843	117	to 7,580	making 1	to 64.78
" 1844	288	" 10,170	" 1	" 38.78
" 1845	290	" 12,088	" 1	" 41.68

Making an average for the 3 years, viz: 1843, '44, and '45, of 1 in 48.

Comparing these statistics with those of Philadelphia, New York, London, and Paris, and taking an average of their mortality for ten years, from 1821 to 1830 inclusive, we find the proportions as follows:

	Death.	Inhabitants.
Philadelphia,	1 to	38
New York,	1 "	36
London,	1 "	55
Paris,	1 "	36
From 1843 to '45 inclusive, Chicago,	1 "	48

It will be seen by this comparison that the average degree of mortality in Chicago is less than in either of the above named cities, London alone excepted. Thus it is proven beyond all controversy, contrary to the general opinion abroad, that this city is remarkable for the low proportion of its deaths, and of course is as healthy, in point of location, as any city in the country, Philadelphia not excepted.

In 1845, from January to October inclusive, there were in Chicago 239 deaths, as follows:

	Whole No. Deaths.	Adults.	Children.
In January,	19	5	14
“ February,	18	6	12
“ March,	11	8	3
“ April,	15	10	5
“ May,	22	16	6
“ June,	9	6	3
“ July,	42	16	26
“ August,	35	16	19
“ September,	48	15	33
“ October,	20	11	9
Total,	239	109	130

Referring again to the statistics of Philadelphia and New York, we find that in those cities, during the same months in 1830, the proportions were as follows:

	Deaths.	Adults.	Children.
In Philadelphia	3,435	1,769	1,666
“ New York,	4,665	2,056	2,609
Same months, 1845, Chicago,	239	109	130

By the above comparison it appears that the proportion of deaths among children, compared with the mortality at all ages, is greater in Chicago than in Philadelphia, but less than in New York, even when no allowance is made for the comparatively large proportion of children constituting our population. When in comparing statistics, due allowance is made for this peculiarity,—the unusual number of children in the population of our city,—it is found that the mortality among them is less even than in most other places. Hence the accusation against Chicago, that children here are remarkably subject to disease, finds no foundation in fact.

The above tables also show, that the greatest mortality both among adults and children is during the months of July, August, and September, caused, without doubt, by the prevalence, during the hot weather of this period, of Miasmatic and abdominal diseases, such as remittent, intermittent, bilious, and congestive fevers, inflammations of the stomach, intestines and liver, diarrhoea, dysentery, &c., all of which diseases are every where more prevalent during the summer months.

The next greatest mortality is in the months of January and February, a period in which inflammatory diseases of the air passages and lungs, are most common and severe.



The above named diseases causing doubtless two-thirds of the deaths in our city, are not often fatal when met by early, judicious and prompt treatment, but it is a fault too common with our citizens, to call a physician too late, or, what is worse, to seek the advice of a practitioner, in whose peculiar sugar and water treatment, there is neither harm nor efficiency.

The above statistics for three years show a proportion of deaths, as follows: 1 in 64 in 1843, 1 in 38 in 1844, and 1 in 41 in 1845, showing a great increase of mortality since 1843, which can only be accounted for as follows:

During the last named two years, epidemics, such as scarlet fever, &c., have been more prevalent, our citizens have become more active in manufacturing, building, and commerce; and of course more workmen are employed, liable to a greater extent than others to accidents. But above all, homœopathic practice has come into vogue since 1843, and is still blindly adhered to by many of our citizens, which by its inefficient treatment has *permitted*, as is the opinion of all our most intelligent physicians, at least one-third of the deaths from the above named most common causes.

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## BIBLIOGRAPHICAL NOTICES.

*The Monthly Miscellany and Journal of Health*, edited by W. M. CORNELL, M. D. Boston, Jan., 1846. Vol. 1, No. 1.

We have been favored with the first number of this new publication, and cannot give a better idea of its objects and character than by quoting from the introductory remarks of the editor. We welcome this new accession to the ranks of Medical Literature.—[Ed.]

“We cannot say what we *may* publish, owing to the small dimensions of our work and the little experience we have had (though we have had some) in the chair editorial. But, if we had room and ability, we would make it of a miscellaneous and newspaper character, and say something of christianity, morals, education, the best methods of instruction, government both family and civil, temperance, equal rights, agriculture, manufacturing, commerce and marine interests, literature, news, reviews of books, &c. &c. We do not know that we shall speak of half these subjects, but we may say a word on all of them.

“One object to which we would devote a portion of our pages, is the means of preserving health, and thus forestalling and preventing disease. In this respect, we would, if we

could, make our Journal what no one, with which we are acquainted, now is; for, while there are, at present, many able *medical* and *professional* periodicals, we know of no one specially devoted to the *preservation of health*.

“ We have laid our foundation broad enough, and mean to make the work just what its title imports—a *Miscellany*, treating of things in general, as circumstances may bring them before us. In what relates to health, this Journal will always be found in opposition to empiricism in all its forms, and maintain the importance of a class of educated and thoroughly trained men for physicians. Many of the articles which we shall publish will be original; others selected.”

## MEDICAL INTELLIGENCE.

### MEDICAL SCHOOLS.

We have received the catalogue and circular of the following Institutions for the winter session of 1845-46.

Louisville Medical Institute. Number of Students who Matriculated, 345.

Willoughby Medical College. Number of Matriculants 164. Number of Graduates, 30.

Albany Medical College. Number of Students, 115½

Vermont Medical College, at Woodstock, (Announcement.)

Western Reserve College, Medical Department at Cleveland, Ohio. Number of Students, 161.

*Rush Medical College.*—The Degree of Doctor of Medicine was conferred upon the following young gentlemen at the annual commencement of the Rush Medical College, February 19, 1846.

Graduates of 1846.		Subject of Thesis.
Elwood Andrew,	Indiana,	Therapeutic virtues of the Euonymus Atropurpureus. (Wahoo.)
J. Herman Bird,	New York,	Carcinoma.
Daniel K. Hays,	Indiana,	Duties of young Graduates in Medicine.
James M. Higby,	Michigan,	Quinia.
Newton P. Holden,	Illinois,	Dyspepsia.
Alex. Malcolm,	Iowa Ter.	Fever.
Cicero Robbe,	Illinois,	Duties of the Student and Practical Physician.
Halsey Rosenkrans,	Illinois,	Auscultation.
Wm. W. Welch,	New York,	Contagion.

The honorary Degree of Doctor of Medicine was conferred on Wm. G. Montgomery, of Warren county, Indiana.



*A New Medical Society.*—We have before us a circular signed by a number of Medical gentlemen, residing in the Rock River Valley, calling a convention of Physicians at Rockford on the 17th of February, for the purpose of organizing a Medical Society. It is much to be regretted that the notice is so short as to exclude many who would be happy to join in the movement. We hope in our next number to have the proceedings of the convention to lay before our readers, when our remarks will be more extended.—[ED.]

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*Our Journal. Its proposed enlargement.*—It is our purpose, in accordance with the expressed desire of a large number of our subscribers, to commence our next volume in a new form, and of a size more adequate to the wants of our readers. The first number of our *third* volume will be issued as early in April as practicable, and will contain 96 pages. It will thereafter be issued *every other month* at \$2.00 per annum in advance, thus giving to our patrons 576 pages in the volume, being *three times* the present amount of matter, for but *double* the present price of subscription. Our prospectus will be issued in a few days and will be sent to each of our subscribers, who are respectfully requested to aid us with their efforts and influence in extending our circulation, and thus enable us to defray our greatly increased expenses. Our new volume will be printed with new type, upon good paper, and will be much improved in typographical execution, and we hope, in the interest and importance of its contents.—[ED.]

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## PRACTICAL MEDICINE, &c.

THYMIC ASTHMA.—This disease (*real or supposed*) was first fully brought before the profession by Dr. Kopp of Germany, and numerous cases, supposed to be dependant upon the enlargement of the thymus gland, have since been published in Europe and America.

Doubts have from time to time been expressed in regard to the existence of a “new disease,” depending upon this cause, and these seemed to have gained strength, so that the better opinion is perhaps opposed to its existence. The article given below, from the high authority of Trousseau, in all points of pathology of infantile diseases, will go far to confirm this view, which, however, had already been expressed in similar terms by Charles A. Lee, M. D., of New York, in an article in the American Journal of Medical Sciences, for January, 1842. The following was his conclusion from the analysis of a large

number of cases, "that 'thymic asthma' and 'spasm of the glottis,' are the same disease which often owes its origin to irritation of the nerves of the glottis, sometimes involving the whole excito-motary system, chiefly by teething, through the fifth pair of nerves."

*On Thymic Asthma.* By M. TROUSSEAU.—A great deal has been written of late in Germany, says M. Trousseau, on *thymic asthma*—a disease first described a few years ago by Mr. Hood, of Kilmarnock. In this "newly-discovered" disease, the thymus gland is stated to give rise to convulsions and sudden death in infants by its enlargement. The existence of such an affection was from the first questioned by the French pathologists, and M. Trousseau now states that his researches have proved to him, in the most satisfactory manner, that there is no such disease. The facts brought forward by the German physicians must be admitted, he states, but the interpretation which they give of these facts is erroneous. Instead of being instances of an undescribed form of disease, they are merely illustrations of *partial convulsions*. The analysis of the phenomena of convulsions in children has proved to M. Trousseau that such is the real nature of the cases narrated by Kopp and other physicians as examples of thymic asthma, as well as, partly, of others described under the name of *laryngismus stridulus*, or *acute asthma of Millar*. The following is a brief analysis of M. Trousseau's views on this subject:—

In children, convulsions (*éclampsie*) generally present the epileptic form. The child screams, becomes stiff, twists its body, the thorax being fixed and the respiration suspended. The face, at first pale, becomes violet; the veins are distended; then follow clonic spasms, at first rapid, then slow; after which a deep expiration and general muscular relaxation close the fit, leaving more or less somnolence and stupor. The attack lasts one or two minutes. One paroxysm may be followed nearly immediately by another; indeed, they may succeed each other indefinitely, constituting an "état de mal." But when this is the case, the convulsions are not continuous, although sometimes considered so. They may, however, be continuous, and last for hours, or even days. When this is the case, the attack is often ushered in by an epileptic paroxysm, as above; but the spasms, instead of ceasing, are repeated every second, or at very short intervals. The convulsions are continuous, because there is never any complete cessation, nor the deep stupor which follows an ordinary paroxysm. In this form of convulsion, the child, although convulsed, does not lose all consciousness—an important feature in the disease. He cries to express a want or to complain of



a pain, and is able to withdraw his hand when it is pinched or tickled. The convulsion is not, therefore, as universal as it appears; it is, rigorously speaking, *partial*.

Convulsions may be still further localized. After a severe epileptic attack, one-half of the body may remain for some hours affected with clonic spasmodic motions, and yet the intellect of the child be clear, and the motions of the other side of the body harmonious.

The convulsions hitherto described are easily recognized; but convulsions may be internal as well as partial, and then they are by no means so easy to appreciate; then, also, it is that difference of opinion as to the interpretation of the symptoms begins to be entertained. Internal convulsions are partial convulsions, occupying more particularly the muscles of the globe of the eye, of the pharynx, of the larynx, and of the apparatus of respiration. The most ordinary form of internal convulsion is characterized by turning of the globe of the eye with mobility, nearly total loss of consciousness, or, at least, a certain amount of stupor, extreme difficulty or impossibility of deglutition, and by respiration, uneven, sometimes scarcely perceptible, sometimes deep and blowing—in a word, by an attenuation of most of the phenomena of epilepsy, and by the absence of the violent convulsions of the limbs and face.

Sometimes the diaphragm and the inspiratory muscles of the abdomen and of the chest alone act, and then, for one, two or three minutes, a peculiar laryngeal blowing sound is heard, as if there existed an obstacle to the entrance and to the exit of the air. If the proper muscles of the larynx are at the same time convulsed, as their motions do not coincide, the disordered condition of the respiration appears alarming, although it is only really so when this state is much prolonged. Such is the real explanation of those states of disordered respiration which have been called thymic asthma, or laryngismus stridulus. A want of harmony between the spasmodic motions of the diaphragm, and of the muscles which move the arytaenoid cartilages, is sufficient to produce the laryngeal sibilus, the orthopnoea. In the regular act of inspiration, the superior part of the larynx opens at the same time that the diaphragm descends, and produces a vacuum in the chest. If the contraction of the diaphragm takes place too rapidly, and if, at the same time, there is spasm of the larynx, as in whooping-cough, the inspiration becomes nearly impossible, and is accompanied by a violent sibilus. In the case which we are examining, however, it is not necessary to call to our assistance a want of harmony between the movements of the diaphragm and those of the muscles of the larynx; it is sufficient to suppose that the will or the instinct no longer presides, for a moment, over the movements of the arytaenoidean cartilages; the muscles which move them, no longer obeying any

nervous impulsion, are for the time in the condition of those of animals in whom the recurrent laryngeal nerve has been divided.

The above details explain how it is that thymic asthma, so frequent in the eyes of some observers, is never found by others. The former attribute to an increase in size of the thymus, accompanied by paroxistic accidents, what the latter consider to be merely one of the forms of convulsions in children. The thymus, like the supra-renal capsules, is an organ of transition, destined to become atrophied after the birth of the human foetus, and less than any other organ likely to be hypertrophied. During the six years that M. Trousseau has been at the head of important wards for very young children, *he has not once met with the the thymus gland sufficiently enlarged to give rise to the slightest accident.*

M. Trousseau concludes his essay by promising, in a future article, to point out the connection which exists between convulsions and laryngismus stridulus and the acute asthma of children. At the same time he thinks it right to state that these diseases are not mere forms of infantile convulsions, as is the case with thymic asthma.—*Lancet*, Aug. 30, from *Jour. de Méd. in Am. Jour.*

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*On the Use of Phosphate of Ammonia in Gout and Rheumatism.*

By T. H. BUCKLER, M. D., of Baltimore. (From the American Journal of Medical Sciences.)

The following extracts from the article of Dr. Buckler will be read with interest, and, if the results should be sustained by the experience of others, may prove of great practical utility. The pathology of the fluids, long neglected, has been lately cultivated with success, and this may be regarded as one of the first attempts to apply the results it has afforded to practice.

“Both diseases are frequently associated with what is called the uric or lithic acid diathesis; that is to say, when a man has a gouty or rheumatic habit, it is generally found that lithic acid is in excess in the secretions of his skin and kidneys. When an individual labours under an acute attack of gout or rheumatism, his recovery is generally heralded by a redundant deposit of lithic acid in his urine. This harbinger of a favorable termination to the disease may happen on the second day of his attack, or on the sixth week, as may be; but whenever it does appear, it may very safely be said that the patient is convalescent.

By what mode this acid is eliminated, or what accident it is which determines its separation, we are unable to say; it stands merely as an isolated fact that by some chemical or



vital change taking place, uric acid is separated in great quantity and the individual is relieved. The urine in the course of such an attack may be examined and found as clear as water, and the fluid passed ten or twenty hours after, so loaded with lithic acid as to resemble the washings of a wine cask or beer barrel. From whence is this enormous quantity of lithic acid so suddenly derived? Not from any sudden defect of assimilation occurring in the course of the disease, or from the solids of the body. It is most likely then derived from the blood; but uric acid cannot have existed there in a free state, or it would have been passed from day to day. If then it existed in the blood, it must have been in some state of combination with soda, or lime, or both. And this is the more likely, when we reflect, that the concretions and thickenings which take place in the fibrous, cartilaginous, and white tissues generally, as before stated, are owing to the deposit in them of soda and lime in variable proportions with lithic acid. Taking into account these two prominent facts above stated, namely, the excess of lithic acid found in the urine at the period of convalescence from an attack of acute gout or rheumatism, and the subsequent deposit of soda and lime in the white tissues, it occurred to me, that during the existence of these diseases, the lithic acid might exist in the blood in a state of combination with soda and lime in the form of insoluble compounds, which the kidneys and skin refuse to eliminate. If, then, any agent could be found capable of decomposing the lithates of soda and lime existing in the blood, and of forming in their stead two soluble salts that would be voided by the kidneys and skin, we should thereby get rid of the excess of fibrin in the blood, the symptomatic fever and the gouty and rheumatic inflammation, wherever seated, which have been excited by the presence of these insoluble salts. It occurred to me that *phosphate of ammonia* might be the agent, provided it could be given in doses sufficient to answer the end without producing any unpleasant physiological symptoms. If our theory were true, phosphate of ammonia seemed to be the proper reagent, for it would form in place of the insoluble lithate of soda, two soluble salts, the phosphate of soda, which is remarkably soluble, and the lithate of ammonia, which is also soluble, and both capable of being readily passed by the skin and kidneys. The excess of uric acid would thus be got rid of in the form of lithate of ammonia; and the soda floating in the round of the circulation, (instead of being deposited, as it were, like an alluvial formation in the substance of the fibrous and cartilaginous tissues,) would be taken up by the phosphoric acid and eliminated from the circulation. Based on this theory I determined to try this salt, and it was not long after that a favorable opportunity presented itself.

CASE IX.—John Conolly, ætat. 44, entered the hospital June 20th, 1845. He has had more or less rheumatism for the last 12 years. At the time of entrance, he was suffering with an attack in his ankles, knees, and wrists. All these joints were more or less swollen and painful on motion, particularly the wrists, and had been in this condition for six months. The joint of the middle finger of his right hand is ankylosed from a previous attack. He was also suffering from a scleratitis in both eyes, the left being most diseased; this commenced four weeks previous to his entrance.—There were also traces of an old iritis in his left eye. He was ordered salts and colchicum, blue mass and opium, &c., with various local treatment to his eyes. His rheumatism under this treatment improved a little, but his eyes remained in the same condition. On October 26th, he was ordered phosphate ammoniæ, gr. xij three times daily; and he still continued the salts and colchicum. In three days, his eyes were nearly clear; he had lost all pain, and there was but little injection left. The improvement in his joints was not so perceptible till the end of two weeks. At that time the swelling had much subsided, and he expressed himself as being nearly free from pain. On November 25th, his condition is as follows: he walks well; the swelling in all his joints, except the right knee, has subsided, and he still has some pain on motion, in this joint and the left ankle. He has exposed himself to cold, and has had, once or twice, an increase of inflammation in his eyes, but in two or three days, the injection would subside as before. At present there is no pain, the right eye is clear, but the left has still some injection in the sclerotic coat.

CASE X.—Wm. Taylor, ætat. 40, has had rheumatism for the last seven years. Nearly all that time he has been in the hospital in bed, unable to go about the ward without the assistance of crutches. He has taken various remedies, but with slight and temporary benefit. He has suffered more or less in all his joints, but principally his knees and wrists, which have been so much swollen as scarcely to admit of any motion. He has been taking the phosphate of ammonia for the last two months, grs. xij three times daily. He says he is better than he has been for the last five years. The swelling has subsided in a remarkable manner, particularly about his fingers, which are more pliant and useful than they have been since his entrance.

CASE XII.—Eliz. J., a woman, ætat. 28, enjoying habitually good health, of a tolerably robust frame, a chamber maid, entered the Baltimore Infirmary on the 3d of November; fourteen days previously she had gone some distance to set up with a sick friend. The evening was inclement, and heated by exercise, she stepped over her ankles into a puddle; her



feet were thoroughly wet; perished, as she said; she remained five hours in these wet feet, and felt sick; had headache, nausea, and contusive pains in her back; she returned home, and the next day was scarcely able to go about the house; that night she had a chill, followed by fever and pains in all her articulations. She remained at home in bed without any treatment other than rubbing herself and using mustard plasters, until she came to the hospital.

Dorsal decubitus. Arms and wrists flexed as well as knees; all the articulations of the fingers tense and swollen; wrists doughy and tender; left knee much swollen; complains of both shoulders and left hip; screams when moved in bed; face flushed, expressive of fear and suffering; skin hot, moist; pulse small, tense, 120; dry, hacking cough, which causes her to weep from the motion it produces; slightly prolonged sound with first sound of heart; urine, small in quantity, high-colored and irritating. Venesection  $\bar{z}$ xx; cups to præcordial region, No. iv; sulph. magnes.  $\bar{z}$ i; vin. colchici  $\bar{z}$ ij; aquæ  $\bar{z}$ vij. A tablespoonful every 4 hours. Phosphat. ammon. grs. x three times a day. Dover's powder grs. xv at night.

I need not detail the changes in this case from day to day. The salts and colchicum were continued for four days, when they produced hyperpurgation and nausea; they were discontinued, and then ten drops of wine of colchicum given twice daily. This also producing nausea, was withdrawn after two days, and the phosphate of ammonia, increased to twenty grs. three times a day, alone persisted in. There was steady improvement from day to day until the 18th. The pulse fell to 72; the rheumatism shifted from joint to joint, but daily its intensity was less and less. The sounds of the heart were normal on the 16th; the urine pale and abundant; the skin moist and without heat; the appetite good; and on the 18th she was, as she said, as "supple as an eel," and proved it by dancing. On the night of the 20th, she was up while in a state of perspiration with a sick woman, and had a slight relapse; the finger joints again became puffy and swollen and stiff. But confinement to bed and the phosphate sufficed in two days to relieve this. I called to see her on the 24th; she is well with her friends; complains of no pain; looks a little pale; the heart is normal, and the joints natural in size.

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*“On the Therapeutic Action of Arsenic.”—M. Boudin, senior physician to the Military Hospital at Versailles, made the following communication:—After having for a considerable period taken arsenic myself, and thus convinced myself of its safety in therapeutic doses, I, during the last five years, administered arsenic to 2947 patients of various ages, and obtained the most satisfactory results from its use, without the*

slightest inconvenience referable to the arsenic having occurred in any one case.

“Most of these patients were affected with marsh fevers of various types; upwards of 2000 of them had been previously treated with sulphate of quinine from one to ten times; and nearly 500 of the number had previously taken, without any benefit, more or less considerable quantities of sulphate of quinine.

“Those patients were not selected; arsenic was administered to all without distinction. Neither was the medicine given at any particular season, but I observed that it was necessary to exceed the mean dose in the summer. The medicine has further been administered in various latitudes, always on a large scale, and to patients from almost every part of the world—Senegal, Algiers, America, Syria, Italy, Corsica, the Delta of the Nile, the Rhone, &c. The result has been, that for five consecutive years, I have never had to administer sulphate of quinine in a single case.

“The duration of the treatment has been generally short; the fever has seldom resisted the first or the second dose of arsenic; relapses have been extremely rare—a circumstance which, however, I chiefly attribute to the febrifuge having been continued for eight or ten days after the cessation of the accesses.

“Comparative experiments have led me to reject all the arseniates, and employ arsenious acid exclusively. The solutions of Fowler and of Pearson take too long to prepare, and it is difficult—nay, even dangerous—to adjust their doses properly; I have therefore substituted for them a solution of one grain of arsenious acid in a pint of Water.

“It is unnecessary to add opium to this solution; the great division by the large quantity of vehicle, is the best guarantee against its irritating action. A fifth part of the above solution contains the *fifth* of a grain of arsenic, and is the medium dose. It should be administered three hours before the calculated period of the access of fever. If the antecedents of the case raise the presumption that the fever is obstinate, two other doses should be previously administered, with an interval of two hours between each. I, for a long time, gave at Marseilles, as the mean dose of arsenious acid, one or two *hundredths* of a grain of arsenious acid, and this is the dose still administered by many physicians in the south of France, and especially by some of the professors at Montpellier. I now prefer the above mentioned dose of one-fifth of a grain. It has been objected to the use of arsenic that it is a poison! Three hundred years have elapsed since Paracelsus answered—‘Arsenic cures because it is a poison.’ Moreover, sulphate of quinine is also a poison, but nevertheless it is one of our most valuable medicines. ‘But arsenic kills in a very small



dose.' Be it so; but why give doses of it which kill, when it is easy to give it in quantities that cure? Besides, other medicines, as strychnine and corrosive sublimate, &c., kill in smaller doses than arsenic does; but where is the practitioner who dreams of not prescribing them? It has been said that arsenic causes, or tends to cause, visceral enlargements, &c. This fable may be excused in persons who have no experience of its administration. It has been also objected that arsenic does not cure in every season of the year; but this is not the case unless it is administered always in one invariable dose, and above all, unless the practitioner neglects to treat decidedly, and at its commencement, those affections of the digestive organs which constitute one of the most frequent complications of ague. Finally, it is said that arsenic is useless, as quinine *always* effects a cure. It is needless to enter upon a serious refutation of this mistake. Ramazzini, Baker, and J. P. Frank, have recorded epidemics which were quite refractory to bark—for example those of 1680, 1781, and 1787. But even if bark did cure always, its high price places it beyond the reach of the poorer classes."—*Dub. Med. Press*, Sept. 24, in *New York Jour. of Med.*

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*Sunlight and Health.*—[Chambers' Edinburgh Journal abounds with admirable papers, occasionally on matters of essential importance to mankind would they heed the admonitions. Read this.]

Turning now to animal economy, we find growth, health, and development also curiously affected by the absence or presence of the solar influence. Dr. Edwards has shown that if tadpoles be nourished with proper food, and exposed to the constantly renewed action of the water, (so that their touched respiration may be maintained,) but are entirely deprived of light, their growth continues, but their metamorphosis into air-breathing animals is arrested, and they remain in the form of large tadpoles. He also observes that persons who live in caves or cellars, or in very dark and narrow streets, are apt to produce deformed children; and that men who work in mines are liable to disease and deformity beyond what the simple closeness of the atmosphere would be likely to produce. It has been stated, on the authority of A. Wylie, that the cases of disease, on the dark side of an extensive barrack at St. Petersburg, have been uniformly for many years in the proportion of three to one on the side exposed to strong light. Further, Dupuytren relates the case of a lady whose maladies had baffled the skill of several eminent practitioners. The lady resided in a dark room (on which the sun never shone) in one of the narrow streets of Paris. After a careful examination, Dupuytren was led to refer her complaints to absence

of light, and recommended her removal to a more exposed situation. This change was followed by the most beneficial results; all her complaints vanished. The more, therefore, that animals are exposed to the influence of light, the more free are they in ordinary circumstances, from irregular action and deformity.

[A Richmond paper, in extracting and commenting on this, thus remarks:]

In another part of the article, it is shown that heat and light alone, without the solar radiation, will not suffice for the health of vegetables or of animals; else the artificial fires and lustres of our apartments would have that effect; but they do not. An indispensable agent is actinism.

Now, do not the foregoing facts prove the unhealthiness of changing night into day, as many of our fashionable and semi-fashionable, studious and psuedo-studious people do? The unhealthiness of wasting in bed the bright and bracing hours of early morning, when nature bids us be out of doors digging, or walking, or riding? Is not the balefulness of dark rooms made palpable? Draw aside those curtains—open those window-blinds, thou sluggard, and let Aurora and the sun, looking full into thy chamber, shame thee forth, if they cannot charm thee forth, to inhale strength and health in those best and most beauteous hours of the day.—*Bost. Med. and Surg. Journal.*

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The following extract from the Medical Examiner of January contains some very judicious remarks upon vaccination, and is justly severe upon a large class of our fellow citizens for their “obstinacy,” in refusing, by their negligence, to appreciate its importance.

*Epidemic Small-Pox.*—We have never known small-pox to be so prevalent throughout the country as at the present time. Cities, towns, and villages, every where, are infested with it to a great extent; and what is remarkable, the epidemic seems to be as mild as it is prevalent. The great majority of cases occur in persons who have undergone a degree of protection by having previously had the disease or been vaccinated, and in such, as usual, it is greatly modified—the attack consisting of more or less pain in the head and back, some nausea, fever for a day or two at the commencement, with a sparse eruption, and *no secondary fever*. Such cases require very little treatment, recover in from three to five or six days after the first appearance of the eruption, and are followed by no disfiguration. When the disease attacks those who have not previously been vaccinated successfully, or have not had the variolous disease, it runs the ordinary course of unmitigated small-pox;



in some instances being discrete, and in others confluent, according to the constitution and treatment of the patient. In Philadelphia, where the disease has been quite prevalent for more than a month past, we have heard of no instance in which it has proved fatal where the subject was known to have been successfully vaccinated, and the deaths that have occurred, as far as have come to our knowledge, have been confined to such as had never been vaccinated, or in whom the proper vaccine mark had disappeared, if it had ever existed. It is a subject of astonishment and regret, that in an enlightened community like that in which we live, so much laxity and obstinacy should prevail in regard to the necessity of vaccination. In repeated instances, since the present epidemic has appeared, we have had occasion to vaccinate two and three persons in one family, mostly children or servants, who had until the time been neglected. How can it be expected that we shall be exempt for any long time from a disease so communicable, while such carelessness and stupidity prevails? A large proportion of the unprotected cases that occur in Philadelphia, are in persons who have come hither from remote or surrounding places, and it would appear that an equal degree of the carelessness to which we have referred, prevails all over the country. Even in the Eastern States, among a people so proverbial for their prudence, the same heedlessness prevails.

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*Fictitious Catalogues of Medical Students.*—A correspondent in one of our large cities, calls our attention to a new subject, by saying that the profession is not aware, perhaps, “that certain medical schools in the United States are in the habit of issuing annually, a list or catalogue of students, far exceeding in the *real number* of their matriculants or attendants. This is done for the purpose, no doubt, of swelling the importance of their institutions abroad, or in distant places, and with the view of attracting additional students the next year to their benches, under the idea that most young men like to congregate. Besides the fictitious names thus introduced into catalogues, the professors, or their agents,” the writer says he is informed, “invite the apprentices of shoemakers, tailors, carpenters and apothecaries, to attend their lectures, and add *these*, also, with some change of surname, &c., to their list of regular attendants. The whole of this fraudulent system is not only derogatory to those concerned in it, but injurious to the profession; inasmuch as it induces medical men in remote places, unaware of the imposition, to get up other medical schools, under the persuasion that they also can form classes with the same facility that Drs. A, B, and C have done in Philadelphia, New York, Baltimore, and Boston.” The same

gentleman says, further, that we shall “confer a favor upon many respectable physicians, by calling the attention of the profession to this subject at the present moment,” and assures us that he “will undertake to prove his assertions a few weeks hence, by sending us the catalogues of such institutions as practice this foul iniquity, and by reviewing them and furnishing the names of their decoy ducks, with extended and suitable comments upon such transactions.”—*Boston Med. & Surg. Jour.*

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*The employment of Blisters in acute diseases of the Brain.* By DR. TRITSCHLER.—Blisters are frequently used and applied to all parts of the body except the frontal region, which, according to Dr. T., is the best place to make them act in acute affections of the brain. He covers the whole frontal region, and even the root of the nose, by a vesicatory, and remarks, that besides a free suppuration produced by it, there is generally a copious flow of mucous from this organ. We learn, too, from the *Journal des Connaissances Medico-Chirurgicales*, that the physicians in the Parisian Hospitals employ these blisters with success against cerebral symptoms in severe fevers. The application of a single one is not sufficient to disfigure a patient.—*Southern Med. and Surg. Jour.*

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*Lithontriptic action of the Uva Ursi.* By DR. FENOLIO.—An old calculous patient had fever, and experienced severe pain in the bladder. He would not consent to be sounded. Dr. F. prescribed a decoction of the *uva ursi*, prepared thus: R *Uva Ursi*, ʒss.; Water, ʒix. Boil for fifteen minutes; strain, add syrup of gum, 3 v., and take the whole in three doses. After using this tea for three days, the patient passed 13 pretty large gravels, and in five days more, 90 others. The whole formed a considerable mass. His suffering and fever disappeared.—*Jour. des Con. Médico-Chir.—Ibid.*

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*A new hæmostatic means—sheep brains.*—M. Dupuy, at the sitting of the Academy of Medicine in Paris, 17th June, stated, that the cerebral matter of sheep possessed in a very high degree the property of coagulating the blood, and of immediately arresting hæmorrhages. A small portion of the brain injected into the femoral vein of an animal produced death in a few minutes. The blood was found coagulated in the heart, and in the vessels, as M. D. had predicted. He thought that surgeons might profit by this fact.—*Jour des Con. Médico-Chir.—Ibid.*



## ILLINOIS

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CURE OF ENCYSTED DROPSY, BY EXCITING IRRITATION IN THE SAC.—Three cases of this disease, cured in the above mode, are related in the New York Journal of Medicine for November, 1845, by Edward H. Dixon, M. D., which, although wanting in details necessary to form a certain judgment of their character, are yet interesting at the present time, when the propriety of the extirpation of such tumors is exciting so much attention.

The first case was that of a woman 40 years of age, who had been for a length of time laboring under a dropsy and thrice tapped. After the third tapping, "an infusion of the sliced and dried fruit of the common persimmon" was thrown in with a 10 oz. syringe, with a catheter attached. The abdomen was handled, and the infusion then allowed to escape. Great prostration, followed by reaction, succeeded, and in the course of a few days "the lungs became hydropic, and frequently in one hour a large pocket handkerchief would be saturated to dripping with water coughed up from the lungs." By passing chloride of lime and sulphuric acid under the nose this was "driven to the skin," and a profuse sweat established, and during three regular metastases, the quantity of water was regularly diminished. The patient recovered. This very unusual case presents numerous points of interest, but from imperfect details and vague expressions used, it is doubtful whether the disease was one of ascites or an encysted dropsy, we infer the former.

The second case is one of encysted dropsy of the left ovary. Tapping having been performed, there was a discharge of a

mellicerous substance, which continued. Solutions of sulph. Tinc., sulph. copper, oak bark, and of iodine, were thrown in successively, and had the effect of diminishing the discharge. The opening, however, still remains, although the tapping was performed ten years since, the patient enjoying good health.

The third case was also an encysted dropsy of large size, which was cured by a rupture of the sac from violence, the patient falling down stairs.

Another entirely similar to this last is reported by our friend Dr. James P. White, in a late No. of the Buffalo Medical Journal, the disease disappearing from the effects of a fall.

In addition to these, there are a large number of cases on record of encysted tumors of the abdomen containing serum, fatty or gelatinous matter, hair, &c., which have inflamed and suppurated either from the effect of violence, or without perceptible cause, and either been readily cured or left only a fistulous opening. It then becomes a question whether the injection of stimulating fluid and keeping open the puncture may not be introduced as a general practice. That this may be done with impunity in a certain number of cases, is shown not only by those above given, but by many other facts we might mention. Thus having occasion not long since to tap for ascites, we injected 25 grains of hyd. potass in solution, but no symptoms of inflammation resulted. But on the other hand we are not to forget that these encysted tumors, when large, often, if not most frequently, prove fatal from inflammation developed in and around them. Cases of this kind have come under our observation, in some of which there were several attacks relieved by anti-phlogistic treatment, before that which proved fatal. Nor is the plan of puncturing and injecting stimulating fluids new, but whether practiced through the abdominal walls, the vagina or rectum, they have in a majority of cases proved fatal.

We have not room for the introduction of cases, but refer any who may be desirous of investigating the subject to the work of Boivin & Duges on the Diseases of the Uterus and its appendages.

D. B.



## MEDICAL INTELLIGENCE.

EPIDEMIC ERYSIPELAS.—In the course of Lectures on the Theory and Practice of Medicine in Rush Medical College, Prof. Fitch presented to the class the results of his observations of the above mentioned disease. His remarks were based upon the analysis of 213 cases of the various forms of Erysipelas, of which he had kept accurately recorded notes, and 20 cases of Puerperal Peritonitis coexistent with the epidemic. We have been favored with a communication embracing the important deductions from this list, but from its length must postpone it until the first number of our next *enlarged* volume. Meantime we give a few notes taken down from Dr. F.'s lectures.

The Prof. at first doubted the contagiousness of the epidemic, but subsequently had abundant reason to change his opinion, and besides subscribing to the fact of its propagation by contact, proximity and inoculation, advances the *opinion*, which he thinks will be substantiated by others, that one attack confers immunity against a second, as in the case of other contagious eruptive fevers. He also acknowledges the identity of the Epidemic Erysipelas, and the concomitant cases of Puerperal Peritonitis.

In Prof. F.'s hands, no one point in the treatment appeared as effectual as free bleeding in the onset of the disease. A short delay in the use of the lancet, or its omission, materially increased the chances of a fatal issue. The Prof.'s favorite local application to the external inflammation was the liniment of linseed oil and lime water, and was much preferred after the use successively of the innumerable topical applications recommended by the various writers upon the subject. After effusion had occurred beneath the integuments, free incisions, when the nature and situation of the parts would admit of it, or otherwise, punctures to give exit to the serum, were almost invariably successful, and the only means of preventing supuration, sloughing, and their horrible train of consequences. In the simple anginose varieties mercurials were of no perceptible advantage. The application topically of diluted tinct. of iodine, and administration of salines, was in these instances the treatment most applicable.

The Prof. in his remarks upon the puerperal cases, advan-

ced the idea that the seizure might be prevented by slight ptyalism, induced by the use of blue mass, in small doses, for three or four weeks before anticipated delivery. Several cases were cited in which it could not be doubted that this treatment had proved successful. Should this be substantiated by future observers, its value would be incalculable.

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**MEDICAL CONVENTION.**—A meeting of the Physicians of Rock River Valley was held, in pursuance of a call signed by sundry physicians of Rockford and vicinity, at the court house in Rockford, Illinois, on Tuesday, the 17th of February: Whereupon, on motion, Dr. G. HASKELL was called to the chair, and Dr. S. G. ARMOR appointed Secretary.

By request of the Chair, Dr. J. C. Goodhue stated the object of the meeting, which was the formation of an Association of the Physicians of Northern Illinois and Southern Wisconsin for mutual protection and improvement in the various branches of Medical, Surgical and Pharmaceutical knowledge—and presented, for the consideration of the Convention, a Constitution for the government of the Association, which was unanimously adopted.

The question, touching the *qualification* of members, and other matters of interest to the Society, then came up, and was discussed at considerable length, by Drs. Hulett, Haskell, Armor, Goodhue, Clark and others.

On motion, a committee, consisting of Drs. Hulett, Thomas, Clark, Catlin, and Manderville, were appointed by the chair to present to the Convention the names of officers for the Society for the ensuing year. The names of the following gentlemen were presented by the committee, and unanimously confirmed by the Convention:

J. C. GOODHUE, M. D., *President*.

J. HULETT, M. D., } *Vice*

G. HASKELL, M. D., } *Presidents*.

S. G. ARMOR, M. D., *Secretary and Treasurer*.

*Censors*—Lucius Clark, M. D.; A. M. Catlin, M. D.; Dr. A. Thomas.

On motion, Voted, That a committee of three be appointed by the chair to draft by-laws for the regulation and government of the Society, to be presented at the next annual meeting. Drs. Catlin, Clark and Goodhue, were appointed said committee.

On motion, Voted, That the President be requested to read a paper before the Society, at its next annual meeting, on some medical subject.

On motion, Voted, That the Secretary be requested to give



a general call to physicians of Northern Illinois and Southern Wisconsin, to meet with us at our next annual meeting in May.

On motion, Voted, That the proceedings of this meeting be signed by the President and Secretary, and published in the Illinois Medical and Surgical Journal, and the papers in this portion of the State and Territory.

On motion, The meeting adjourned to meet in Rockford, Illinois, on the third Tuesday in May.

GEORGE HASKELL, *Pres't.*

SAMUEL G. ARMOR, *Sec'y.*

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In obedience to a resolution of the "Rock River Medical Society," I am instructed to extend a general call to all physicians, of reputable standing in their profession, in Northern Illinois and Southern Wisconsin, to meet with us at the next annual meeting of the Society, as business of importance, relative to the adoption of a code of by-laws for the regulation and government of the Society, the election of officers, &c., will be acted on at that time. The object of the Association, as expressed in the Constitution adopted by the Society, is "for mutual improvement in the various branches of Medical, Surgical, and Pharmaceutical knowledge." The Society has been organized under favorable auspices, and promises to be of lasting benefit to the Profession in this part of the State and Territory. We ask to be protected by no *legal* enactments; neither do we require any tests of membership other than *QUALIFICATION*. The *evidence* of this will be, either the degree of *DOCTOR OF MEDICINE*, conferred by some respectable Medical College; the presentation of a License or Diploma from some similar Medical Association; or a satisfactory examination before the board of Censors. More than this the Society cannot reasonably require;—less, we think, would fail in carrying out the true objects of such associations.

We believe we have begun right in this matter. Every subject connected with the proper organization of the Society, was candidly and freely discussed, and every difficulty, so far as they could be ascertained in the past history of similar associations, was satisfactorily removed. We now ask the co-operation of our brethren of the Profession in furthering the objects of the Association. We extend the invitation to every true lover of Medical Science, and indulge the hope that we shall be well represented at our annual meeting, at this place, on the third Tuesday of May.

SAMUEL G. ARMOR,  
*Secretary of the Society.*

## PRACTICAL MEDICINE, &amp;c.

*The Discussion on the treatment of Placenta Prævia.*—Within the present year, considerable space has, on various occasions, been occupied in the *Provincial Medical Journal*, and in the *Medical Gazette*, by a discussion on an important practical question in midwifery, viz: the treatment in unavoidable hæmorrhage from insertion of the placenta over the os uteri. Dr. Simpson, the able and learned professor of midwifery in the University of Edinburgh, proposed some years ago to supercede, in certain cases, the ordinary practice of puncturing the membranes, or turning; separating, instead, the placenta from the parieties of the uterus, and subsequently extracting it before the child; and he has since been zealously and ably advocating his views on this point. Between Professor Simpson and Dr. Radford, of Manchester, arose a question of priority, which was discussed at length in the *Provincial Journal*; and between Dr. Simpson and Dr. Lee has since arisen a controversy, firstly, with reference to the propriety of the new practice, and secondly, with reference to various statistical calculations. Hitherto we have remained silent, but attentive, spectators of the discussion, in the hopes of being able before long to lay some decided data before our readers. The question has, however, become so important, that we think it our duty to transfer to our columns a brief account of the principal points at issue, without, however, attempting for the present to give an opinion of our own. We shall, firstly, with reference to the question of priority, give a few extracts from the correspondence between Dr. Simpson and Dr. Radford, as published in the *Provincial Journal*, of February 5th; we shall then extract an admirable epitome of Professor Simpson's views published by him in a late number of the *Medical Gazette*, along with a counter-statement of Dr. Lee's. We shall not enter into any details respecting the statistical calculations, which have been the subject of much debate, as this would lead us into a part of the controversy which we wish to avoid. With the data which we now lay before our readers, they will be able perfectly to understand the main points of the question; and we trust that should our thus breaking the ground lead to any further discussion on the subject, it will be conducted in that calm and dignified manner in which scientific questions should always be treated.—*Lancet*.

*Dr. Simpson's remarks on the treatment of unavoidable Hæmorrhage by extraction of the Placenta before the child.*—All the more severe forms of uterine hæmorrhage that are liable to occur in the latter periods of pregnancy, and during delivery, are generally allowed, by obstetric pathologists, to depend upon the separation of a greater or less portion of the placenta



from the interior of the uterus. When such a separation takes place, *two* surfaces are exposed, namely, *first*, a part of the inner surface of the uterus, and, *secondly*, the corresponding part of the outer, or maternal surface of the placenta. Both of these surfaces present a number of open vascular orifices left by the laceration of the utero-placental vessels which formerly connected them. From which set of open vascular orifices—the uterine or the placental—does the resulting hæmorrhage principally proceed.

Most accoucheurs seem to believe that the blood effused in those hæmorrhages which occur before or during labor, comes from the exposed *uterine* orifices. “It is (observes Dr. Lee,) from the great semi-lunar, valvular-like, venous openings in the lining membrane of the uterus, which you have seen in various preparations, and of [from] the arteries which are laid open by the separation of the placenta, that the blood *alone* flows in uterine hemorrhage.”—(Lectures on Midwifery, p. 361.)

But arteries, particularly when they are so long and slender as the utero-placental arteries are, do not give rise to any marked degrees of hemorrhage when they are lacerated or *torn* through; and bleeding does not readily occur from the venous openings exposed on the interior of the uterus, because venous hemorrhage by *retrogression* (which the blood escaping backward into the uterine cavity would be) is here prevented by a variety of anatomical and subsidiary means, which I have elsewhere taken occasion to describe at some length.

In the passage that I have quoted above from Dr. Lee's published Lectures, Dr. Lee does not allow that the blood, in uterine hemorrhage, proceeds in any degree from the open venous orifices existing on the surface of the separated portion of placenta, the discharge proceeding, in his opinion, from the exposed *uterine* surface “*alone*.” But I know of no reason, anatomical or otherwise, for alleging that the open *placental* orifices do not bleed; and, on the contrary, I believe with Dr. Hamilton and others, that the discharge issues principally or entirely from the vascular openings, which exist on that exposed placenta surface. These placental orifices are not, like the uterine, surrounded by contractile fibres capable of constricting them; they are in free communication with the general vascular system of the mother through the medium of the maternal vascular, or cavernous system of the placenta; and the blood in that cavernous system escapes readily from the exposed venous orifices on the surface of the placenta—that being, in fact, so far, its natural and *forward* course.

In cases in which the placenta is partially and repeatedly detached before labor begins (as happens frequently in placental presentations,) before each attendant attack of hemorrhage is arrested, the vascular system of the separated por-

tion of placenta seems to require to become blocked up and impervious, with coagulated and unfiltered blood. This obliteration of its vascular cells prevents the further circulation of maternal blood through the detached part of the organ, and hence prevents also the further escape of it from its exposed surface. Each new detachment gives rise to a renewed hemorrhage, which again ceases on the sealing up of the vascular system of the detached part. A few cases of placental presentation are on record in which there was *no* attendant hemorrhage when labor supervened, the tissue of the placenta having, throughout the whole organ, previously become so morbidly changed, obstructed, and impervious, as not to have any quantity of blood circulating in it and ready to escape, when at last its surface was separated from the interior of the cervix uteri under the occurrence of the uterine contractions.

In common cases of unavoidable hemorrhage, the amount of the attendant flooding seems to be as much regulated by the quantity of placental surface *still* remaining attached to the uterus, as by the quantity *already* separated from it—the degree of flooding depending as much or more, upon the extent of the means of supply of blood as upon the extent of its means of escape. And in proportion as we approach nearer and nearer a *total* separation of the placenta, the number of its *afferent* utero-placental vessels is diminished, till at last we find that when the one organ is once completely separated from the other, the flooding is instantly moderated, or entirely arrested; for the placenta ceases to yield any discharge of maternal blood as soon as its own supplies from the maternal system are thus cut off by the disseverment of all its organic and vascular attachments with the uterus.

Some years ago, I happened to see two cases of unavoidable hemorrhage, in which the placenta was spontaneously expelled for some hours, before the child itself was born. In both cases the attendant hemorrhage moderated, or entirely ceased, as soon as the whole placenta was completely detached. These instances, and others with which I was previously acquainted, forcibly suggested to my mind the idea that, under some complications in unavoidable hemorrhages, we might here (as in many other obstetric operations) adopt the principles of treatment at times successfully acted upon by nature herself, in her own unassisted management of such cases. I knew the fearful maternal mortality accompanying placental presentations, and that it was as great as, or even greater than, the fatality among patients attacked with yellow fever, or subjected to lithotomy. In order to ascertain if the *total* and complete detachment of the placenta afforded a greater chance of life to the mother, I collected and published in Dr. Cormack's Journal of Medical Science for March last, notices, which at that date I had brought together, of 141 ca-



ses of placental presentations in which the placenta was expelled or extracted before the child. The deductions which I ventured to draw from an analysis of these 141 cases were to the following effect:—

1. The *complete* separation and expulsion of the placenta before the child, in cases of unavoidable hemorrhage, is not so rare an occurrence as accoucheurs seem usually to believe; and it is not by any means so serious and dangerous as (according to the commonly received doctrines of uterine hemorrhage) might *à priori* be expected.

2. In nineteen out of twenty cases in which it has happened, the attendant hemorrhage was either at once altogether arrested, or became so much diminished as not to be afterwards alarming.

3. The presence or absence of flooding after the complete separation of the placenta does *not* seem in any degree to be regulated by the extent of the interval intervening between the detachment of the placenta and birth of the child.

4. In ten out of the 141 cases, or in one out of fourteen, the mother died after the complete expulsion or extraction of the placenta before the child; whilst, as we shall see immediately, about one in every three of the mothers die under turning and extraction of the child in unavoidable hemorrhage.

5. In seven or eight out of these ten natural deaths, the fatal result seemed to have no connection with the complete detachment of the placenta, or with consequences arising directly from it; and if we did admit the three remaining cases, (which are doubtful,) as leading by this occurrence to a fatal termination, they would still only constitute a mortality from this complication of three in 141,—or of about one in forty-seven cases.

These facts tend strongly to show that the artificial and complete detachment of the placenta would in all probability be in some cases and varieties, at least, of unavoidable hemorrhage, accompanied with much saving of maternal life. I know further, that in several instances recorded by Collins, Ramsbotham, Lowenhardt, &c., this treatment has been followed with success, when perchance it had been had recourse to midwives, and others, under supposed mismanagement, and in ignorance and defiance of all the established rules of practice in this special complication.

Exactly a year ago, I had an opportunity of putting, for the first time, to the test of experience, the practice which the foregoing remarks all lead to suggest, of *detaching, and, if necessary, extracting the placenta and not the child* in unavoidable hemorrhage. The lady (a patient of Mr. Hill, of Portobello,) was taken in labor between the seventh and eighth month of pregnancy, and, in consequence of the severity of the discharge, was blanched and prostrated when I first saw her.

The vagina was filled with coagula, and the os uteri was, in consequence of its small size and great height, reached and passed with difficulty, so as to ascertain fully the presentation of the placenta. Anterior to it I was able after a short time to reach and rupture the membranes. Notwithstanding this, however, along with the exhibition of ergot, &c., the discharge and sinking continued to go on. It seemed very difficult and dangerous to attempt to turn in consequence of the state of the os, and as the edge of the after birth was offering to protrude through it, I separated and gradually extracted the whole placental mass. From the time that this was accomplished all hemorrhage ceased. The cord was cut, and the placenta removed from the bed. The infant came down slowly, and was safely expelled about two hours afterwards. The mother made a perfect and speedy recovery.

Similar cases of the successful adoption of the same practice have, since the period at which my paper appeared in Dr. Cormack's Journal, been published by Mr. Wilkinson, Mr. Greenhow, Mr. Jones, and Dr. Maclean. In all these instances the mothers were saved, and rapidly recovered. Dr. Lever and Dr. Bird have informed me, within the last week, of two other recent successful instances of the same practice. In the course of a short time it seems not unreasonable to expect, that we may have a sufficient number of cases recorded, to enable us to judge with greater certainty and precision of the merits of this plan of treatment, and of the particular placental complications to which it may be especially applicable. *Medical Gazette.\**

*Clinical Researches on the exhibition of Kermes Mineral in Pulmonary Affections.*—Dr. HERPIN has not found kermes so efficient in diseases of the pulmonary structure as it is stated to be; but in affections of the superior air passages he has derived from it the greatest benefit. He goes so far as to consider kermes mineral as a specific against the disorders of the respiratory tubes. In true croup Dr. H. has employed it as the "only" means of treatment, and obtained the most satisfactory results from its administration. In idiopathic and chronic laryngitis, kermes has again proved most servicable. Dr. H. has also used the medicine with benefit in some cases of deafness, caused by chronic obstruction of the Eustachian tube; the dose at which the drug has been exhibited in these several cases, varied between one and twelve grains in the twenty-four hours; on the average from three to six grains daily. When three grains are taken in one dose, sickness is generally the immediate result. The drug must be given in extremely small doses to avoid nausea, and to obtain merely alterative effects; the hour after meals is the most favorable to its exhibition.—*Med. Times in Med. News.*

\* We are obliged for want of space to postpone the remaining portion of this discussion until a future number.—[Ed.]



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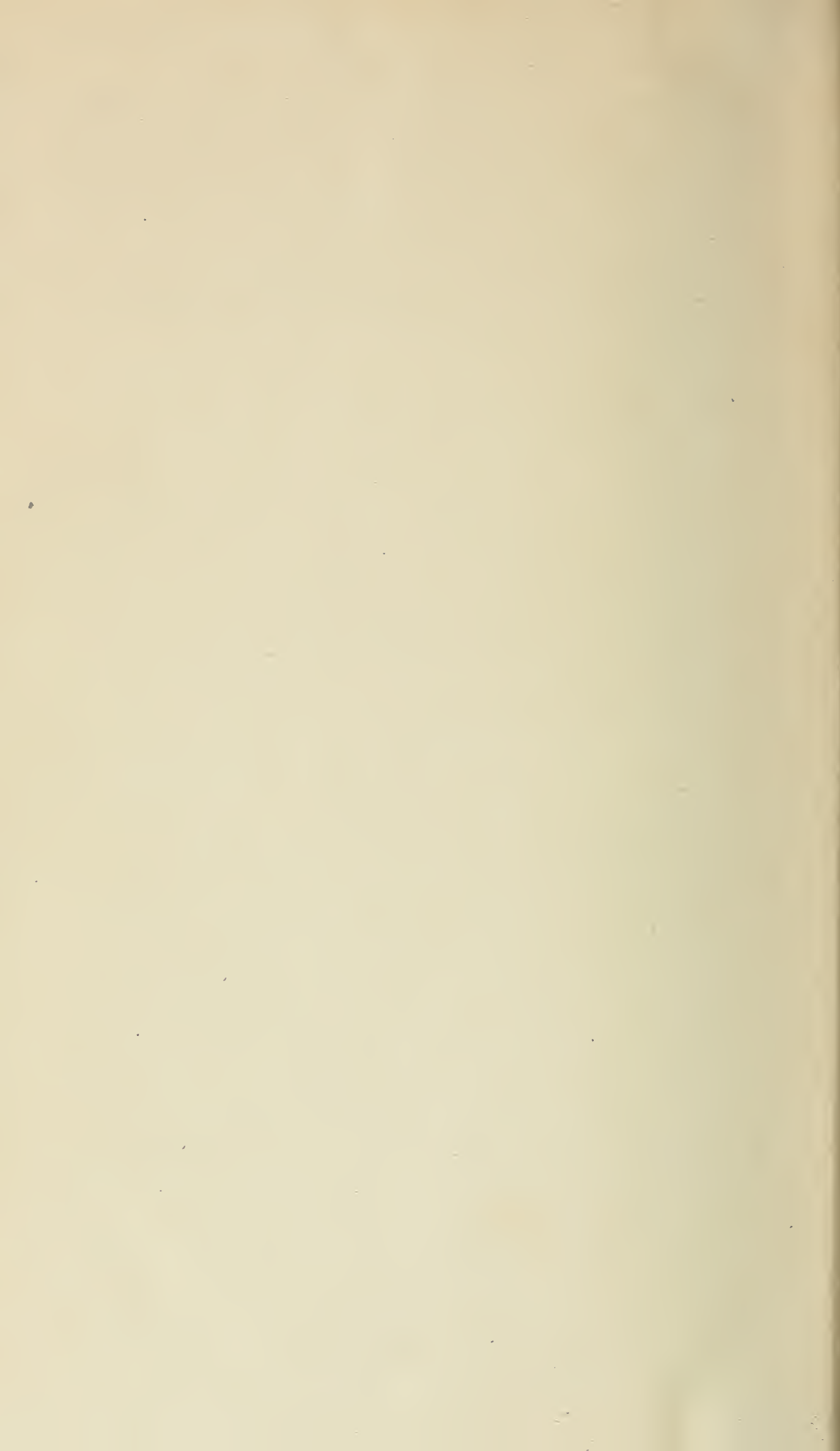


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